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(F	Requesto	or's Name)		
(/	Address)			
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PICK-UP		WAIT		MAIL
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J)	Documer	nt Number))	
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L. SELLERS

JUN 1 1 2009

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Solution Of Con				•
SUBJI	ECT:	PLUS IDEA	S CREATIVE LLC		
001301		Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Claudio Natoli Name of Person		
PĻUS			S IDEAS CREATIVE L Firm/Company	LC	
			Time company		
1200 BRICKELL SUITE 1950					
			Address		
			MIAMI, FL 33131		
			City/State and Zip Code		
		E-mail address: (waccounting@gmail.c	om ort notification)	
For fu	rther information of	concerning this matter, please of	call:		
	С	laudio Natoli	at (305)	- 331-8	3098
	Name o	of Person		Daytime Telep	hone Number
Enclos	sed is a check for t	he following amount:			
¥\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed)]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center C	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PLUS IDEAS CREATIVE L	
(Name of the	Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
	(A Fronda Elimited Elability Company	,
The Articles of Organization for this Li	mited Liability Company were filed on	07/11/2008 and assigned
Florida document numberL08	000067398	
This amendment is submitted to amend	the following:	
A. If amending name, enter the new	name of the limited liability company h	ere:
The new name must be distinguishable and "L.L.C."	d end with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, i	if applicable:	
(Principal office address MUST BE A	STREET ADDRESS)	
Enter new mailing address, if application	ıble:	
(Mailing address MAY BE A POST O	FFICE BOX)	
B. If amending the registered age registered agent and/or the new regis		our records, enter the name of the new
registered agent and/or the new regis	stered office address nere:	99. SE
Name of New Registered Age	<u>ent</u> :	CRE AH
New Registered Office Addre		SS O C
	E	Enter Florida street address 5
	City	, Florida
	City	S S S S S S S S S S S S S S S S S S S

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> **Name Address** MGR NILDA MICHIELI 1200 BRICKELL SUITE 1950 ✓ Add
☐ Remove MIAMI_FL 33131_____ ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 12 2009 Dated ___ Kad Signature of a member or authorized representative of a member CLAUDIO A NATOLI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00