

L08000077109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

A. LUNT

JUN 23 2010

EXAMINER

Office Use Only



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05/21/10 -01005--010 **25.00

2010 JUN 22 PM 2:28
CLERK OF STATE
TALLAHASSEE, FL 9213A

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2010

SINDY POSSO
247 SW 8TH ST. #93
MIAMI, FL 33130

SUBJECT: ELEVEN DESIGN STUDIO, LLC
Ref. Number: L08000077109

We have received your document for ELEVEN DESIGN STUDIO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 810A00013071

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEVEN DESIGN STUDIO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SINDY POSSO

Name of Person

ELEVEN DESIGN STUDIO

Firm/Company

247 SW 8TH ST #93

Address

MIAMI, FL 33130

City/State and Zip Code

SINDY@ELEVENDESIGNSTUDIO

E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 22 PM 2:28

FILED

For further information concerning this matter, please call:

SINDY POSSO

Name of Person

at (305)

3977392

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELEVEN DESIGN STUDIO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AGUST 12,2008 and assigned
Florida document number L08000077109

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

247 SW 8TH ST #93

MIAMI FL. 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2333 BRICKELL AVENUE #1206

MIAMI FL. 33129

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

Zip Code

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

Title	Name	Address	Type of Action
MGR	SINDY M. POSSO	2333 BRICKELL AVENUE #1206 MIAMI FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

☒ Add
☐ Remove

MGRM	WENDY POSSO	2333 BRICKELL AVENUE #1206 MIAMI FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Add
☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2010 JUN 22 PM 2:20
FILED
STATE
FLORIDA

Dated 06.15.10

Signature of a member or authorized representative of a member

SINDY POSSO
Typed or printed name of signee