## L08000086286

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300212582533

09/30/11--01022 -012 \*\*60.0A

H SEP 30 PH 1:07

J. BRYAN

OCT -3 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	PARTY DESIGN	N & DECORATION LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		TODD BRUNO		
		Name of Person		
	Т	B CONSULTING INC		
		Firm/Company		
	3411	SANDS HARBOR TRACE		\$@ <b>*</b>
		Address		岛岛
	POM	H SEP 30 PM 1:07		
		City/State and Zip Code		
		SULTINGINC@GMAIL.CON to be used for future annual report notific		F100
For further information	concerning this matter, please of	•	,	
,	, paul	••••		
	ODD BRUNO		608-1586	
Name	of Person	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)	Certified	e of Status &
<b>3</b> // 4 11	INC ADDRESS.	CTOB CERT (CALIDAE	CD ADDDECC	•

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

PARTY DESIGN & DECORATION LLC

(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company	)	
The Articles of Organization for this Limited Liability Company were filed on	09/10/2008	and assigned
Florida document number <u>LU8UUUU86286</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ere:	
TIBA HOME LLC		
The new name must be distinguishable and end with the words "Limited Liability Com L.L.C."	pany," the designation "L	LLC" or the abbrevia
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
·		当当
		ASS 33 厂
Inter new mailing address, if applicable:		HO 3 I
Mailing address MAY BE A POST OFFICE BOX)		70 -
		32 0
B. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, enter t	he name of the n
Name of New Registered Agent:		,
New Registered Office Address:		
	nter Florida street add	ress

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

i

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MIRNA BARAKE	350 NE 24TH STREET #906 MIAMI, FL 33137	✓ Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			AddRemove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	ary.)
			SECRETA
Dated	SEPTEMBER 21	2811	JARY OF STATE
	•	nember or authorized representative of a member  NOCO BRUNO, MANAGING MEMBER  Typed or printed name of signee	True .

Page 2 of 2

Filing Fee: \$25.00