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SECRETARY OF STATE

COVER LETTER

TÒ: Registration Section Division of Corporations			
SUBJECT: Creative Sunds and Electronics, 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:			
JESUS Clark (Name of Person)			
(Firm/Company)			
15360 Sw. 172 TCM.			
Hiam' FL 33187 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Tesus Clark at (726) 970 - 1315 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \\ \text{Certificate of Status} \\ \text{Certificate of Status} \\ 35.00 Filing Fee & Certificate of Status & Certificate & Certificate & Certificate & Certificate &			

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



March 18, 2009

JESUS M. CLARK 15360 SW 172 TERRACE MIAMI, FL 33187

SUBJECT: CREATIVE SOUNDS AND ELECTRONICS, LLC

Ref. Number: L08000089330

We have received your document for CREATIVE SOUNDS AND ELECTRONICS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 009A00009193

ARTICLES OF AMENDMENT TO' ARTICLES OF ORGANIZATION OF

FILED 09 HAR 25 PH 3: 47 SECRETARY AS SECRETARY

Creative sounds	ALLAHASSIE GINA
(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)
(A rionga Limit	ed Liaolity Company)
The Articles of Organization for this Limited Liability Compa	any were filed onand assigned
Florida document number <u>L 0 8 000 8933</u> C	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	liability company here:
Interior Profes	sionals, LLC
The new name must be distinguishable and end with the words "L" L.L.C."	cimited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	<u>nere</u> :
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	The Flexibility of the second
	(Enter Florida street address)
	(City), Florida (Zip Code)
	(City) (Zip Coae)

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 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** Remove **∏** Add Remove n Add Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Harch Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00