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SECRETARY OF STATE
VALLAHASSEE, FLORIDA

J. BRYAN

OCT 2 9 2009

EXAMINER

COVER LETTER

TO:

Registration Section .

Division of Co	orporations		
SUBJECT:	Pearls Of	Expression, LLC	
SUBJECT.		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	09 OC
		Jonathan Asbell Name of Person	O9 OCT 28 PM 1: 19 SECRETARY OF STATE FALLAMASSEE. FLORIT
		Name of Person	Eng R
Pea		arls Of Expression, LLC	
		Firm/Company	REDE
		4784 Temple Dr	
		Address	
	D	elray Beach, FL 33445	
		City/State and Zip Code	
		jasbell@i-2000.com	
For further information	E-mail address:	to be used for future annual report notifica call:	ation)
Jo	nathan Asbell	at (_917 _{.)} 4	03-8330
Name	of Person	Area Code & Daytime	Felephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	R ADDRESS:
Divisi P.O. E	on of Corporations Box 6327 assee, FL 32314	Division of Corporat Clifton Building 2661 Executive Cent	

4 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEARLS OF EXPRESSION, LLC

SECRETARY OF STATE AND ASSIGNED

(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 ______April21, 2009

Florida document number ______L08000104411 ____.

Piona document number	 ·		
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 "L.L.C."	words "Limited Liability Company,"	'the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
	·		
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new	
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

<u>Title</u>	Name	Address	Type of Action
MGR	Jonathan Asbell	4784 Temple Dr. Delray Beach, FL 33445	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	g any other information, enter change(s		990CT 28 SECRETARY
Dated	October 23 , 2009 Kardine Signature of a member or ICA TOUL	ASILL	FH :: 19 GF_STATE

Page 2 of 2

Filing Fee: \$25.00