L0900000 7554

(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



900193582269

03/08/11--01008--004 **25.00

2011 HAR -7 PM 4: 29
SECRETARY OF STATE

J. SAULSBERRY EXAMINER MAR 0 8 2011

COVER LETTER

	egistration Sec vivision of Corp				
SUBJEC1	? :	Corpora	te Capers, LLC		
		Name of Limi	ited Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspon	dence concerning this matter	to the following:		
	Name of Person				
Corporate Capers, LLC					
	Firm/Company				
-					
•			1 Lyons Road, Suite C3 Address	· ·	
		Со	conut Creek, FL 33073	201 TAI	
	City/State and Zip Code				
E-mail address (to			@miznerproduction.com to be used for future annual report notificati	HAS:	
For further	information cor	ncerning this matter, please c	•	FO P	
		ny Peskin	ai()	8-2595 STATE STATE	
	Name of I	Person	Area Code & Daytime Te	lephone 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			STREET/COURIER Registration Section	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corporate	e Capers, LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of ted Liability Company)	on our records.		
`				
The Articles of Organization for this Limited Liability Comp	oany were filed on	1/23/2009	and assi	gned
Florida document numberL0900007554				
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 "L.L.C."	Limited Liability Company	" the designation "	LLC" or the at	obreviation
Enter new principal offices address, if applicable:			2011 125E	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		ECRETARY OF ST	T
	****	····	ASE A	
				m
Enter new mailing address, if applicable:			PR PR	
(Mailing address MAY BE A POST OFFICE BOX)			14: 29 DRIDA	
	 			<u>.</u>
B. If amending the registered agent and/or registered		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 add		dress	
		, 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
MGMR	Amy Peskin	6601 Lyons Road Suite C3 Coconut Creek, FL 33073	✓ Add ☐ Remove
			Add Remove
			Add Remove
-			Add Remove
	<u></u>		Add Remove
			AddRemove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if neces.	25 ~ ···
·	•	•	PH 4: 2
	March 4	2011	
	Signature of a	member or authorized representative of a member Scott Peskin, MGMR	
		Typed or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00