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SECRETARY OF STATE

OCT 8 1 2013

COVER LETTER

	on Section f Corporations		
SUBJECT:	J.G+ INTE	PICE DESIGN STUDIO ed Liability Company	,LLC.,
The enclosed Articl	es of Amendment and fee(s) are sub-	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Jhoho	anna Gallego Name of Person	
	1 .	inna Gallego. Firm/Company	· · · · · · · · · · · · · · · · · · ·
	524	Majorca Ave. Address	
	Miami	- FL 33134. City/State and Zip Code	
	Into Q (E-mail address: (to	Dareidesign studio. The used for future annual report notifica	COM.
For further informat	ion concerning this matter, please ca	ılı:	
Jhohan	ng Gallego	at (305) 987185)
N	ame of Person	Area Code & Daytime 1	Felephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	e \$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

JG + INTIGE	eice Design Stu	ocille,	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apprida Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liabil	• •	02-13-2009	and assigned
Florida document number LO9000149 8	<u>.4.</u> .	-1 50	20.
This amendment is submitted to amend the following		LL AHASS	FILE 2013 0CT 30
A. If amending name, enter the new name of the		<u> </u>	
GAREI J	DESIGN STUDIO,	L.L.C., 2	<i>σ</i>
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation 知	DE" of the abbreviation
Enter new principal offices address, if applicable	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		n our records, <u>enter t</u>	ne name of the new
		Enter Florida street addr	ess
_		, 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 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> **Address** Type of Action Name Remove Remove Remove Remove Remove

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Octuree.	<u> 28 · 2013 .,</u> .
Octurer.	- A
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October.	- A
Octuber,	Signature of a member or authorized representative of a member
Octuber.	

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Filing Fee: \$25.00

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