#109000022790

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K.SALY EXAMINER DEC 31 2012 TO:

Registration Section
Division of Corporations

SUBJECT:

Mireya's Craft School, 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:

Ingrid Santamaria, Esq.

Name of Letron

IS Law Office, PA

Finn/Company

205 Worth Avenue, Ste 201

Address

Palm Beach, FL 33480

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Santamaria, Esq.

___305\336-7391

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)

☐\$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

12 OFC 2 FILED
12 DEC 26 PM 5: 44 AND ASSEE FLORIDA
- SSEE, FLORIDA

Mireya's Craft School, LLC.		WHASSAFET STA
(Name of the Limited Li	ability Company as it now appears on our records.) orida Limited Liability Company)	SSEE FLORIN
The Articles of Organization for this Limited Liab Florida document number L09000022790	ility Company were filed on March 9, 2009	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, en ce address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
	, Florid	aZip Code
	City	Lip Coue

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
MGRM	America Semidey	2655 LeJeune Rd, Penthouse 2, Suite I	Add Add
		Coral Gables, FL 33134	Remove
			Remove
			Remove
			_ Add
			Remove
			_ DAdd
			Remove
			Add
			Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	20 20
Dated_	December 10. 2012
	@ Mireya Semidery
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member MIREYA SEMIDEY
	Typed or printed name of signec/
	Page 3 of 3

Filing Fee: \$25.00