

L09000042084



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12/30/10--01009--006 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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J. BRYAN
JAN - 3 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Temporary Ink Studios 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:

Serene Syer
Name of Person

Firm/Company

Po Box 1300
Address

Alachua, FL 32616
City/State and Zip Code

sssyer@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Serene Syer at (352) 505-1241
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

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TALLAHASSEE, FLORIDA

TEMPORARY INK STUDIOS LLC

(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 04/30/2009 and assigned Florida document number L09000042084.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TEMPORARY INK STUDIOS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

20109 NW 113th Way

(Principal office address MUST BE A STREET ADDRESS)

Alachua, FL 32615

Enter new mailing address, if applicable:

Po Box 1300

(Mailing address MAY BE A POST OFFICE BOX)

Alachua, FL 32616

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Serene Syer

New Registered Office Address:

20109 NW 113th Way

Enter Florida street address

Alachua

Florida

32615

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:

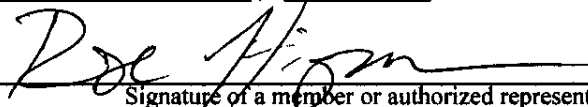
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Serene Syer	20109 NW 113th Way Alachua, FL 32615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROSE HIGGINS	13605 NW CR 235 APT 103 ALACHUA FL 32615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 ALLAHASSEE, FLORIDA

Dated 12/23/2010



 Signature of a member or authorized representative of a member

Rose Higgins

 Typed or printed name of signee