Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000191020 3)))



H100001910203ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : EUSINESS WORLD TRANSACTIONS, INC.

Addount Number : 104512000707 Phono

: (305)803-2736

Pax Number

: (786) 462-4950

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLUTION CUSTOM PAINTING LUC

Certificate of Status	0
Certified Copy	0_
Page Count	01
Estimated Charge	\$25.00

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/25/2010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2010 AUG 26 AM 9: 27

ASSORETARY OF STATE TALLALIASSEE, FLORIDA

	ION COSTC	JIVI PAHATHING		MELPHINGULL / LON
(Name of the Limited	Florida Limited	iny as it now appear liability Company)	A OH OUT TOCOLUM!)	
The Articles of Organization for this Limited L		were filed on	05-05-2009	and assigned
Florida document number L0900004	3490			
This amendment is submitted to amend the following	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company her	<u>e</u> :	
A & (CUSTOM S	OLUTIONS LLC		
The new name must be distinguishable and end win"L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	nble:	5991 S.W. 76	STREET	
(Principal office address MUST BE A STREE	TADDRESS)	APT. #83		
		SOUTH MIAI	MI, FL. 33143	
Enter new mailing address, if applicable:		5991 S.W. 76	STREET	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	APT. #B3		
	SOUTH MIAMI, FL. 33143			
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	ANTON [O MONIZ DA	SILVA	
New Registered Office Address:	5991 S.W.	76 STREET #B	3	
		En	ter Florida street ada	iress
	sc	IMAIM HTU	, Florida	33143
				Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:			

I hereby accept the appointment as registered agent and agree to get 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

Page 1 of 2

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
<u>MGRM</u>	ANTONIO M. MONIZ DA SIL	WA 5991 S.W. 76 STREET #B3 SOUTH MIAMI, FL. 33143	Add Remove
MGRM	CARLOS A. GUTIERREZ	21895 LAKE FOREST CIRLCE #6 BOCA RATON, FL. 33433	Add Remove
MGR	TOMAS MELGAR	10429 S. 228 LANE BOCA RATON, FL. 33428	fa Add Remove
			Add Remove
			Add Remove
·			Add Remove
D. If amending	any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_
- <u>-</u> -			-
Dated <u>0</u> 8-2			2010 AUG 26 SECRETARY
-		uthorized representative of a member Silver rimed name of signce age 2 of 2	AH 9: 27