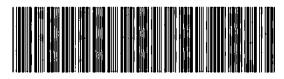
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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EXAMINER

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COVER LETTER

TO:

Registration Section

Division of	Corporations		
CUDIECT.	ART GLOSS LLC		
SUBJECT:	(Name of Lim	ited Liability Company)	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	2009 MAY 2 SECRETAL
	Donald J	Kahn Esq.	
		(Name of Person)	SSEE.
	Green, Kahn	& Piotrkowski PA	
		(Firm/Company)	AMIII: 21
	317 71st Str	eet	,T.A
		(Address)	
	Miami Beach,	Florida 33141	
		(City/State and Zip Code)	
For further informat	ion concerning this matter, please c	all:	
Donald J K	ahn Esq.	at (<u>305)</u> 865 4311	ext_34
(N	ame of Person)	(Area Code & Daytime To	elephone 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)
Re D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

ART GLOSS LLC		
(Name of the Limited L (A F	iability Company as it now appears on our recor lorida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab Florida document number 000044493	oility Company were filed on _5/7/2009	A mandassigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follows.	_	Y21 AMII YARY OF ST
LE PARIS P. EVENTS LLC The new name must be distinguishable and end with "L.L.C."		PA :
Enter new principal offices address, if applicable office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Be	ox)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ce address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida s.	treet address)
		rida
	(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>	<u>Name</u>	Address	Type of Action	
	<u> </u>		Add Remove	
			Add Remove	
			Add Add Remove	
			AR AM	
			Addt Remove	
			Add Remove	
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	ry.) 	
_				
Dated	Signature of a nember	er or authorized representative of a member		
	Type	DAVID LAHNY		

Page 2 of 2

Filing Fee: \$25.00