

LO9000076232 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200242406632

200242406632
12/06/12--01014--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC - 6 AM 11:18

FILED

B. BOSTICK

DEC - 7 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Acry Lines 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:

Ana F Piedras

Name of Person

Acry Lines, LLC.

Firm/Company

7509 NW 55th Street

Address

Miami, FL. 33166

City/State and Zip Code

acrylines@att.net

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

For further information concerning this matter, please call:

Ana F Piedras

Name of Person

305 599-8377

at () 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC -6 AM 11:18

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACRY LINES, 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 August 7, 2009 and assigned Florida document number L09000076232.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

FILED
12 DEC - 6 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: ANA F PIEDRAS

New Registered Office Address: 7509 NW 55th Street
Enter Florida street address

Miami, Florida 33166
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.

+ *Ana Fabiola Piedras*
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:

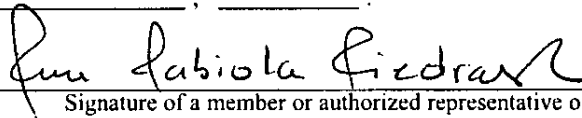
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paula A Leon	7509 NW 55th St	<input checked="" type="checkbox"/> Add
		Miami FL. 33166	<input type="checkbox"/> Remove
MGR	Ana F Piedras	7509 NW 55th St	<input checked="" type="checkbox"/> Add
		Miami FL. 33166	<input type="checkbox"/> Remove
MGRM	Diana M Prieto	7509 NW 55th St	<input type="checkbox"/> Add
		Miami, FL. 33166	<input checked="" type="checkbox"/> Remove
Officer	Miguel A Montana	7509 NW 55 th St	<input checked="" type="checkbox"/> Add
		Miami, FL.33166	<input type="checkbox"/> Remove
D-PS	Paula A Leon	7509 NW 55th St	<input checked="" type="checkbox"/> Add
		Miami, FL.33166	<input type="checkbox"/> Remove
D-T	Ana F Piedras	7509 NW 55th St	<input checked="" type="checkbox"/> Add
		Miami, FL.33166	<input type="checkbox"/> Remove

FILED
 12 DEC -6 AM 11:18
 STATE
 TALLAHASSEE, FLORIDA

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

Dated November 27, 2012



Signature of a member or authorized representative of a member

Ana F Piedras MGR -D-T

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
12 DEC -6 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA