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SECRETARY OF STATES

B. BOSTICK NOV 16 2011 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Aaudcaster Pauw + Jewelry, Lic 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:
Minerua Rois Name of Person
Land Caster Paus & Jewelry, Lic Firm/Company 13802 fairls fax BLV Ste 6
Addiess
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miverva Roig at (321) 299-8692
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Minery A Roig at (321) 299-8692 PAR Name of Person S Area Code & Daytime Telephone Number Num
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\tex
MAILING ADDRESS: STREET/COURIER ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LO900101782</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the w"L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	O C Constant
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	13802 Landstar BLVd ste #4
(Mailing address MAY BE A POST OFFICE BOX)	OHaudo Florida, 32824
registered agent and/or the new registered office ad	
Name of New Registered Agent:	iverva Roig
New Registered Office Address: 13	1 Nerva 15019 1802 faudaster Blud ste 6 Enter Florida street address Vlaudo , Florida 32824
_0	NacualO, Florida 32824 City Zip Code
New Registered Agent's Signature, if changing Registe	

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 **Title** Name **Address Type of Action** Rayou Pitre MGRH Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DOMENT IN 11-01-000-01-2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00