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N. Cuillian MAY 11 20101

COVER LETTER

TO: Registration Section Division of Corporations						
SURJECT:	A. ASHLEY POU	ND CREATIVE	ددر			
Sobster.	A ASHLEY Paul Name of Lim	ited Liability Compan	у			
The enclosed Articles of A	amendment and fee(s) are su	bmitted for filing.				
Please return all correspon	dence concerning this matte	er to the following:	•			
	STEVEN RO	Name of Person				
		Name of Person				
		Firm/Company				
	100-25 QUEER	BUN				
		Address				
	FOREST HILL	NEW YORK	11375			
	Stevie 02/2	(to be used for future and	nual report notificat	ion)		
For further information co	ncerning this matter, please	call:				
ASHLEY POU	N D Person	at (917)	783-257	<u>'o</u>		
Name of	Person	Area	Code & Daytime To	elephone Number		
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Cop		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	NG ADDRESS: ution Section	-	REET/COURIER	A ADDRESS:		

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

FILED 10 MAY 10 AM II: 59

Land Brown

A. ASHLEY POUND	CREATIVE LCCH	LAHASSEE STATE
A. ASHLEY POUND ((Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on Afric 39	and assigned
Florida document number		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liab	ility company here:	
ASHLEY POUND CREATIVE LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		I STREET - UNIT # 15E
(Principal office address MUST BE A STREET ADDRESS)	HOLYWOOD FO	4 33020
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	******	
B. If amending the registered agent and/or registered of	Tica address on our rece	ords enter the name of the new
registered agent and/or the new registered office address her	e:	ords, effect the name of the new
Name of New Registered Agent:		
rame of New Registered Agem.		
New Registered Office Address:	E El.	ida street address
	Enter Flori	aa sireet aaaress
·		, Florida
	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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u></u>			Add Remove
			 -
			——————————————————————————————————————
D. If amen —	ding any other information, enter o	change(s) here: (Attach additional shee	·
_			FILED 10 MAY 10 AM SECRETARY OF ALLAHASSEE, E
			AM II: 55 OF STATE E; FLORIDA:
Dated	,		

Page 2 of 2

Filing Fee: \$25.00