

L100000083752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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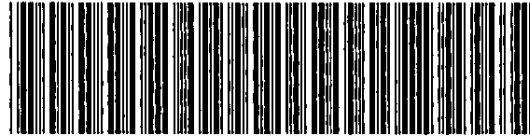
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fiat Custom Design Framing 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:

Marcia Toussaint  
Name of Person

Fiat Custom Design Framing  
Firm/Company

309 SE Mizner Blvd.  
Address

Boca Raton FL 33432  
City/State and Zip Code

fiatframing@afl.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK Toussaint at ( 954 940.2910 )  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

First Custom Design Framing  
(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 Aug. 26 10 and assigned  
Florida document number L10000083752

This amendment is submitted to amend the following:

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

First Custom Design Framing L.L.C  
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)

Same 309 SE Mizner  
Boca Raton FL  
33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

as above

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:

Marcia Toussaint

New Registered Office Address:

T

Enter Florida street address

\_\_\_\_\_, 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.

M. B. Toussaint  
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
MGRM	Marcia Toussaint	1935 NW 134 St Miami Fl 33167	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Norma DiGiuseppe	8529 W 132 d'oro Tampa FL 33633	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

just change MGRM  
from Norma DiGiuseppe (remove)  
to (add) MGRM Marcia Toussaint

Dated 8-15, 2012.

M. B. Toussaint  
Signature of a member or authorized representative of a member  
Marcia Toussaint  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA