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(Requestor's Name)
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, ,
(Document Number)
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JAN -4 2010

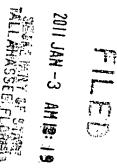
EXAMINER

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COVER LETTER

	gistration Section ision of Corporations				
SUBJECT:	Artir	nUs, LLC			
	Name of Limite	d Liability Company			
The enclose	d Articles of Amendment and fee(s) are subm	nitted for filing.			
Please return	all correspondence concerning this matter to	o the following:			
,			20 <u>1</u>		
	Sus	an Neiswender Black	2011 JAN - S		
		Name of Person	N-3		
		ArtinUs, LLC			
		Firm/Company			
	1606	East Infformer Street			
	1000	East Jefferson Street Address			
	Orlando, FL 32803 City/State and Zip Code				
		inus4u@gmail.com			
	E-mail address: (to	be used for future annual report notifica	ition)		
For further in	formation concerning this matter, please cal	!:			
	Suzanne Lander	at (_407_)6	25-5876		
Name of Person		Area Code & Daytime 1	Telephone Number		
Enclosed is a	check for the following amount:				
√ \$25.00 Fi	Sing 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:	STREET/COURIED Registration Section	R ADDRESS:		
Registration Section Division of Corporations		Division of Corporati	ions		
P.O. Box 6327		Clifton Building			

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>-</u>	ArtinUs, LLC			
(Name of the Limited Liabil (A Florid	lity Company as it now as la Limited Liability Compa	opears on our recor	rds.)	-
The Articles of Organization for this Limited Liability	Company were filed on	September 3	3, 2010 and	assigned
Florida document numberL10000093595	·			
This amendment is submitted to amend the following:	;			
A. If amending name, <u>enter the new name of the li</u>	mited liability company	<u>/ here</u> :		
NIA				
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Co	ompany," the design	eation "LLC" or the	ne abbreviation
Enter new principal offices address, if applicable:		<u> </u>	B. S.	
<u>(Principal office address MUST BE A STREET ADI</u>	DRESS)			MACRO
			277-< €3 277-24 50-7-25	
Enter new mailing address, if applicable:	_	_		Car.
Mailing address MAY BE A POST OFFICE BOX			· 'Co	
B. If amending the registered agent and/or reg	istered office address	on our records, g	enter the name	e of the new
Name of New Registered Agent:	NA			
New Registered Office Address:			<u></u>	
	Enter Florida street address			
		, Flor		
	City		Zip Co	ode

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	BlackRain Partners, LLC	5703 Red Bug Lake Road PMB 173 Winter Springs, FL 32708	Add ✓ Remove
<u>MGRM</u>	Noreen Huebner	7766 Stratford Boulevard Orlando, FL 32807	Add Remove
			Add Remove
			Add 23 Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	
_			
Dated	December 30 , 2	1010 S P 1	
	Signature of a member Suzany Type	er or authorized representative of a member Lander d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00