## L10000101637

. (Re	equestor's Name)		
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D. BRUCE

DEC 2 2 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S			•	
SUBJECT:	Forbiddon Schoo Name of Limited	of Art LLC Liability Company		
The enclosed Articles o	f Amendment and fee(s) are submi	tted for filing.		
Please return all corresp	ondence concerning this matter to	the following:		
	Gregory	FAG 0 + Name of Person	<del></del>	
		n School of Ar Firm/Company	t LLC	
		SW 84 AVE		
	m)Am)	_		
		e used for future annual report notificati	DEC 21	J.
For further information	concerning this matter, please call:		I E F	17
Sres F Name	ASOF of Person	at (305) 890 ~ 34 Area Code & Daytime To	Sephone Number	
Enclosed is a check for	the following amount:			
<b>∑</b> \$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	<b>1</b> )

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

Forbidden S (Name of the Limited Liability (A Florida	cheo) of Art	, LLC		
(A Florida	Limited Liability Company)	is on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	9-29-10	and assi	gned
Florida document number	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	ne:		
V	··· · · · · · · · · · · · · · · · · ·	_		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "	LLC" or the at	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		· · · . · . · . · . · . · . · . · . · .	
			<u> </u>	
			O DE	· mediane
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			SSS 2	
			Es f	
B. If amending the registered agent and/or registered	stered office address on	our records, <u>enter</u>	the name of	the new
registered agent and/or the new registered office ad	<u>dress here</u> :		A	
Name of New Registered Agent:			<del> </del>	
New Registered Office Address:				
	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.

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>	Name Chumh: Holdhas, Llc	Address	Type of Action		
MGR	CHUMBI HOldings, LLC RAMON YETC	6815 Biscayne Blud #107-201 miami FL 33138	Add Remove		
<i>i</i>			Add Remove		
	******		Add Remove		
			Add Remove		
***************************************			Add Remove		
<del></del>	<del></del>		Add Remove		
D. If amen	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)			
Dated	December 17 , 2010	LAH SSEE, T	FILE O DEC 21 PM		
	(or Elal)	authorized representative of a member  The formula of signee	# 1:29		

Page 2 of 2

Filing Fee: \$25.00