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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

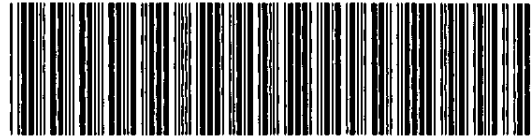
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JUL 10 2012

EXAMINER



000237197190

07/09/12--01019--013 **60.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 PM 3:54

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cynthia's Art Quilts, 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:

Cynthia Wismann
Name of Person

FiberArt Chix
Firm/Company

9937 Ortega Lane
Address

Bonita Springs, FL 34135
City/State and Zip Code

cynthia@fiberartchix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Wismann at (239) 273-8526
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cynthia's Art Quilts, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on February 23, 2011 and assigned
Florida document number L11000022908.

This amendment is submitted to amend the following:

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

FiberArt Chix, LLC

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:

9937 Ortega Lane

(Principal office address MUST BE A STREET ADDRESS)

Bonita Springs, FL

34135

Enter new mailing address, if applicable:

same as above

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Courtney M. Wismann	18036 Villa Creek Dr	<input type="checkbox"/> Add
		Tampa, FL	<input checked="" type="checkbox"/> Remove
		33647	
			<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.)*

Dated July 7, 2012

/s/ CYNTHIA M. WISMANN

Signature of a member or authorized representative of a member

Cynthia M. Wismann

Typed or printed name of signee