

Nov. 16. 2011 12:00 PM Pns G R ns

L11000114084

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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L. SELLERS

NOV 17 2011

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bob@3DMotion4u.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DNBS, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Nov. 16. 2011 12:40PM

Gray Robinson

No. 2208 P. 2/3

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DNBS, LLC

(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 10/05/2011 and assigned
Florida document number L11000114084.

This amendment is submitted to amend the following:

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

Avataristics, 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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(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

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11 NOV 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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Gray Robinson

No. 2208

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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>
MGRM	Daniel Mapes	155 Spring Wood Trail Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	Daniel Napes	155 Spring Wood Trail Altamonte Springs, FL 32714	<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.)

Dated

Nov 16, 2011

Signature of a member or authorized representative of a member

Bob Semones

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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