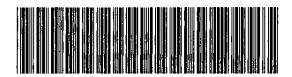
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Office Use Only



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SECRETARY OF STATE

T. CLINE

NOV - 8 2011

EXAMINE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curtis All-	en Designs La	<u>- C</u>	_
(<u>Name of the Limited Liabilii</u> (A Florida	ty Company as It now appears of Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on _//_/	01/2011 and	assigned
Florida document number <u>L11000124141</u>		· ·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Company,	"the designation "LLC" or the	ne abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	1-mg	
		<u> </u>	_ <u>=</u>
Enter new mailing address, if applicable:		TAR	
		mC mix	
(Mailing address MAY BE A POST OFFICE BOX)		- N	T
		2 2	
B. If amending the registered agent and/or regis	stered office address on our lress here:	records, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	City	Zip Co	nde

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

	Managing Member		
<u>Title</u>	Name	Address	Type of Act
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D. If ame	nding any other information, enter change(s	here: (Attach additional sheets, if necessary.)	SIAIE SIAIE
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D. If ame	nding any other information, enter change(s	here: (Attach additional sheets, if necessary.)	

Page 2 of 2

Filing Fee: \$25.00