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SECRETARY OF STATE ALLAHASSES FLORID

APPROVEL AND FILED

D. BRUCE
OCT 26 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Papill on Art & Decign 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:
Beutriz Andrea Villegas Name of Person
Beutriz Andrea Villegas Name of Person Papillon Art & Design LLC Firm/Company
92B Palermo Ave
Coral Gubles R 33134 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karla Watareno at (786) 718 6863 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee.& Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Papillon Art &	Design	LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now\x⁄ppears c iability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	X28(12	_ and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:	,		
The new name must be distinguishable and end with the words "Limit				
The new name must be distinguishable and end with the words "Limis" L.L.C."	,		C" or the ab	breviation
Enter new principal offices address, if applicable:	N/A.		72.13	
(Principal office address MUST BE A STREET ADDRESS)			— 	ડ ⇒——
				33
	,		SSA	37 后至
Enter new mailing address, if applicable:	<u> N/A-</u>		<u> Maja</u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> 一つ。</u> 1	<u>.</u>
				2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter the</u>	name of	the new
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:				
	Enter	· Florida street addre	SS	
	· · · · · · · · · · · · · · · · · · ·	, 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 Title Type of Action Name Address Karla Watareno Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October

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Filing Fee: \$25.00