

L130000074042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

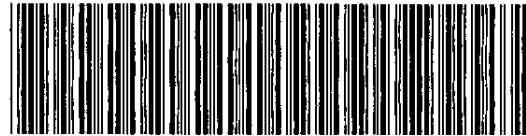
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 23 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPECTACULAR ART DESIGNS 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:

LILISBETH MAVARES

Name of Person

SPECTACULAR ART DESIGNS LLC

Firm/Company

11619 GRAMERCY PARK AVE

Address

BRADENTON, FL 34211

City/State and Zip Code

lilisbeth@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILISBETH MAVARES

Name of Person

at **(786) 7046858**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

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

SPECTACULAR ART DESIGNS 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 5/21/2013 and assigned
Florida document number L13000074042.

This amendment is submitted to amend the following:

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

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)

11619 GRAMERCY PARK AVE
BRADENTON, FL 34211

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11619 GRAMERCY PARK AVE
BRADENTON, FL 34211

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:

11619 GRAMERCY PARK AVE

Enter Florida street address

BRADENTON

, Florida 34211

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF
TALLAHASSEE FLORIDA
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FILE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change the address of Lilisbeth Mavares to new address

New Address is "11619 GRAMERCY PARK AVE

BRADENTON, FL 34211"

Dated August 19, 2013



Signature of a member or authorized representative of a member

Lilisbeth Mavares

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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