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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LIMINIS Design 3 Menors, 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:
Ramon Alberto Garcia Santiago Name of Person
Luminis Desing 3 Interiors Firm/Company
400 Leslie Drive Suite 1119
Hallardale Beach, FL 330095. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelica Direz at (317) 258-0899 = = = Area Code Daytime Telephone Number = = = = = = = = = = = = = = = = = = =
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secutificate of Status Status Status Secutificate of Status Secutificate of Status Secutified Copy (additional copy is enclosed) Secutified 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**

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	ADD LESTIE Drive. Suite 1119 Hallandale Beach, FL 33009
Enter new mailing address, if applicable:	400 Leslie Drive
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1119 :
B. If amending the registered agent and/or 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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