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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

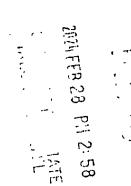




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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FACES OF ART BY SUNJ 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:
SONJA CHEREE EUGS ADKINS Name of Person
SONJA CHEREE ELLIS ADKINS  Name of Person  FACES OF ART BY SUNJLU  Firm/Company
6354 Southgate Blvd.
MARGATE, FL 33068  City/State and Zip Code  faces of art by sunj@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sontk EUS Adkins at 964 204 5906 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$\sum_{\text{S25.00}} \text{Filing Fee}  \$\sum_{\text{S30.00}} \text{Filing Fee & Certificate of Status }  \$\sum_{\text{Cortificate of Status}}  \$\sum_{Cortificate of Status
Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FACES OF ART BY	SUNJ	LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now app ed Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24000099</u> ]7	ny were filed on	01/03	202 Ind assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company	here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," th	ne designation "LLC" or	the abbreviation "L.L.C."	
		·		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·			
Timetput office unifess in Cost BE (1911) The Property				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			1 2 2	-
B. If amending the registered agent and/or registered office	ce address on ou	er records, enter the	e name of the new register	ed
agent and/or the new registered office address here:	ee address, on the	<u></u>	<del></del>	":
				. }
Name of New Registered Agent:			U	
New Registered Office Address:			<del>α</del>	
	Enter	Florida street address		
	City	, Floric	da	
New Registered Agent's Signature, if changing Registered Age	•		-,	
I hereby accept the appointment as registered agent and c		his capacity. I furth	er agree to comply with ti	he
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance as provided for t	e of my duties, and I in Chapter 605, F.S	I am familiar with and S. Or, if this document is	

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

<b>Title</b>	<u>Name</u>		<u>Address</u>			Type of Action
MGR	SONJA CH	teree Ellis Adh	ins	4354 Sou	thgateBlv	MAdd
				igate, FL	•	
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AMBR	SONJA CI	teree Ellis Adr				
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(If an effective date is li Note: If the date in	other than the date of fi sted, the date must be specific serted in this block does no e date on the Department of	and cannot be prior to tot meet the application	o date of filing or mon ble statutory filing i	requirements, this a	ing ) Pursuani iq	
ne record specifies a ord is filed.	delayed effective date, but	not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
Dated Olic	22/2004 Sonja E	Ellis	Adking d name of signee	_		_
	Mgnature o	of a member or author	rized representative o	l a member		
	• •		. 1			

Filing Fee: \$25.00