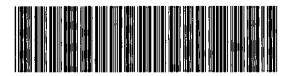
P09000047157

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	of Status
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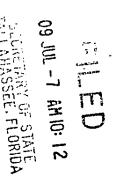


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06/15/09--01041--013 **30.00

07/09/09--01033--002 **5.00

Mc Thewis 7-10-09



TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Committed Surf Designs, Inc.
DOCUMENT NUMBER: <u>P09000047157</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lizandro Cévallos Name of Contact Person
Lizard Surf Designs, Inc.
7667 N. W. (Kham Rd # 1012 Address
Melbourne, TL 32940 City/ State and Zip Code
Melbourne FL 32940 City/ State and Zip Code 112andro C & hotnari Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
L12andro Cevallos at (305) 582-3/6/ Name of Contact Person at (305) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301



June 19, 2009

LIZANDRO CEVALLOS LIZARD'S SURF DESIGNS, LLC 7667 N. WICKHAM ROAD, #1012 MELBOURNE, FL 32940

SUBJECT: COMMITTED SURF DESIGNS, INC.

Ref. Number: P09000047157

We have received your document for COMMITTED SURF DESIGNS, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$5.00 is due.

This is not a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 809A00020902

SECRETARY OF STATE TALE TALE

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RECEIVED

Articles of Amendment

to...
Articles of Incorporation

	Articles of Incorporation		· · · · · · · · · · · · · · · · · · ·
_	of		09 1111 -7
Committed Sur	+ Designs, I	\overline{n}	09 JUL -7 AM 10: 12
(Name of Corporation as curr	rently filed with the Florida Dep	t. of State)	TALLAHASSO OF STATE
V12000011	7167		FALLAHASSEE, FLORIDA
<u> </u>			-
(Document Nui	mber of Corporation (if known)		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florida</i>	Profit Corporate	ion adopts the following
A. If amending name, enter the new name o	of the corporation:		
name must be distinguishable and contain	as, Inc.	" "	The new
name must be aistinguisnable and contain abbreviation "Corp.," "Inc.," or Co.," or the			
name must contain the word "chartered," "pro			
B. Enter new principal office address, if app Principal office address MUST BE A STREE			
Frincipui office uduress <u>MOST BE A STREE</u>	<u>:1 ADDRESS</u>)		
•			•
C. Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFFI			
			······································
		7.7.20.00	
). If amending the registered agent and/or i	registered office address in Flori	ida, enter the na	me of the
new registered agent and/or the new regi			<u> </u>
W CW D to 14			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)	
			
	(City)	, Florida (Zip Code)	
	(Chy)	(Lip Code)	
New Registered Agent's Signature, if changing			
hereby accept the appointment as registered a	gent. I am familiar with and acc	ept the obligation	s of the position.
<u> </u>	Signature of New Registered Agent	t. if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
	An address that address to the same and the		☐ Add ☐ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enter chional sheets, if necessary). (Be specific		
	- 144		
			<u></u>
F. <u>If an amen</u>	dment provides for an exchange, reclas	sification, or cancellation of issu	ed shares,
provisions i	for implementing the amendment if not pplicable, indicate N/A)		

The date of each amendment(s	
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	6/30/2009
seleg	director president or other officer if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)