L060000008880

(Re	equestor's Name)
(Ad	dress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
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2006 APR 26 PM 4: 08

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	The Art	of High Design	
	(Name of Li	mited Liability Company)	
	s of Amendment and fee(s) are suitespondence concerning this matter	-	TIME APR 26 PH 4: 08 SECRETARY OF STATE TALLAHASSEE, FLORID
	Lanit	a R. Stallings	26 P
		Name of Person)	From F
	The Ar	t of High Design	OR LOS
	,	(Firm/Company)	
	2522 Capit	al Circle N E Suite 1	<u>1</u>
		(Address)	
		ssee, FL 32308	
	(Сцу	/State and Zip Code)	
For further informati	on concerning this matter, please	call:	
<u> </u>	Lanita R. Stallings (Name of Person)	at (850 421-6 (Area Code & Daytime	
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS: gistration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_	The Art of High Design	
	(Present Name) (A Florida Limited Liability Company)	
FIRST: SECOND:	The Articles of Organization were filed on document number L06000008880 This amendment is submitted to amend the following: Article IV Permoval of Manager Ludy S. Jones	FILE
	Article IV	 0
	Removal of Manager Judy S. Jones	Ç.
	1354 Lawndale Road	
	Tallahassee, FL 32317	
	Addition of Manager Andrea S. Cohen	
	8949 Winged Foot Dr.	÷ · ·
	Tallahassee, FL 32312	
Dated	April 26 , 2006	-
	Jaroch Coupley	
	Signature of a member or authorized representative of a member	
	SARAH COAKLEY	

Filing Fee: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. The mailing address of the limited liability company is: 2522 Capital Circle N E Suite 11 Tallahassee, FL 32308 1/25/2006 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Judy S. Jones Name 2522 Capital Circle NE Suite 11 Address Tallahassee, FL 32308 City, State and Zip 6. The name and address of the new registered agent and/or office: Lanita R. Stallings Name 11954 Woodville Highway Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32305 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	1. The name of the limited liability	company is: The Art of	High Design	
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(Signature of a member or authorized representative of a pember)	confirmed that after the change or and the business office of the regis liability company, it is hereby conf of the members of the limited liab or the operating agreement of the limited liability.	changes are made, the Fl tered agent will be identificated that the change(s) illity company or as other imited liability company	orida street address of the ical. Or, in the case of a was/were authorized by wise provided in the art	ne registered office Florida limited an affirmative vote
Sarah Coakley	Sarah Coakley			
(Printed or typed name of signee)			-	
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.	Julie 12/8all	s registered agent and a latules relative to the pro the obligations of my pos ment is being filed to me limited liability company	gree to act in this capaci oper and complete perfoi sition as registered agen rely reflect a change in t has been notified in wr	ity. I further agree t mance of my duties t as provided for in he registered office iting of this change.
(Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		norations PO Box 63	27 Tallahassaa FT 32	314