

LO 6000000 8880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

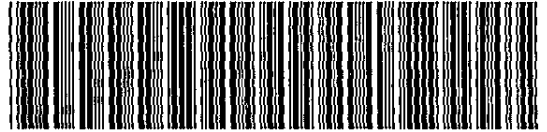
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600071619166

04/27/06--01002--010 **25.00

RECEIVED
06 APR 26 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2006 APR 26 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Art of High Design
(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:

FILED
2006 APR 29 PM 4:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Lanita R. Stallings
(Name of Person)

The Art of High Design
(Firm/Company)

2522 Capital Circle N E Suite 11
(Address)

Tallahassee, FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Lanita R. Stallings at (850) 421-6454
(Name of Person) (Area Code & Daytime Telephone Number)

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

The Art of High Design

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 1/25/2006 and assigned
document number L06000008880

SECOND: This amendment is submitted to amend the following:

Article IV

Removal of Manager Judy S. Jones

1354 Lawndale Road

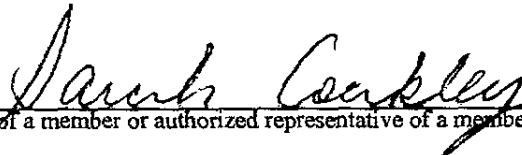
Tallahassee, FL 32317

Addition of Manager Andrea S. Cohen

8949 Winged Foot Dr.

Tallahassee, FL 32312

Dated April 26, 2006



Signature of a member or authorized representative of a member

SARAH COAKLEY

Typed or printed name of signee

2006 APR 26 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00

