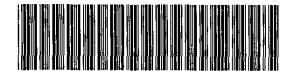
10000073602

| (Requestor's Name) | | | | |
|---|---------------------|--------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
| 'AUG '- 7 2013 | | | | |
| L. SELLERS | | | | |
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SECRETARY OF STATE

COVER LETTER +

| TO: Registration Section Division of Corporation | | | | ; | |
|---|--|---|---------------------------|---|--|
| SUBJECT: | DA VINC | I DESINGS LLC | | | |
| | Name of Limi | ted Liability Company | | - | |
| | | | | | |
| The enclosed Articles of An | nendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | EL | ENA SOSNOVSKAY | A | _ | |
| | | Name of Person | | - - | |
| | ES ACC | COUNTING SERVICE | SINC | | |
| | | Firm/Company | | | |
| 18801 COLLINS AVE, STE. 102-241 | | | | | |
| | | Address | | | |
| | SU | INNY ISLES, FL 3316 | 0 | | |
| | | City/State and Zip Code | | | |
| | ELE | NA01@COMCAST.NI to be used for future annual repo | ET | _ | |
| For forther information con- | , | • | or nonneation) | | |
| For further information cond | cerning this matter, please of | zaii: | | | |
| ELENA SO | OSNOVSKAYA | at (_954_) | 699-5969 | | |
| Name of Po | erson | Area Code & | Daytime Telephone Num | ber | |
| | | | | | |
| Enclosed is a check for the f | following amount: | | | | |
| \$25.00 Filing Fee [| \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is en | Certif nclosed) Certif | Filing Fee, icate of Status & ied Copy ional 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

| | NCI DESINGS LLC | | |
|---|---|-----------------------------|---------------------------|
| (Name of the Limited Liabili (A Florida | ty Company as it now appear Limited Liability Company) | s on our records. | |
| The Articles of Organization for this Limited Liability Florida document numberL10000073602 | | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | mited liability company her | <u>e</u> : | |
| DA VI | NCI DESIGNS LLC | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Compa | ny," the designation "I | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | | our records, <u>enter 1</u> | he name of the <u>new</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | En | ter Florida street ada | ress |
| | | , 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = Ma MGRM = N | nager Managing Member | | |
|----------------------|----------------------------------|---|------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, ente | r change(s) here: (Attach additional sheets, if necessor | ary.) |
| - - | | | 13 |
| | JULY 30TH | 2013 . | FILE CREWRY O |
| | | lya ABaev | PH 3:5 |
| | Signature of a | member or authorized representative of a member ILYA ABAEV | Dr |
| | | Typed or printed name of signee | <u> </u> |

Page 2 of 2

Filing Fee: \$25.00