# L0200018052

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T. BROWN

# COVÉR LETTER

TO: Registration Section
Division of Corporations

# WEISSON DESIGN GROUP L.L.C.

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:

MARLA DIMURO
Name of Person
WEISSON HOLDING L.L.C.
Firm/Company
1548 BRICKELL AVE
Address
MIAMI, FL 33129
City/State and Zip Code
MDIMURO@WEISSON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLA DIN	<b>JURO</b>
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*<sub>...,*305、989-3337</sub>

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)

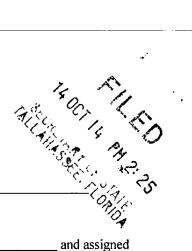
#### **MAILING ADDRESS:**

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



### WEISSON DESIGN GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on UTTT/20	and assigned
Florida document number L02000018052		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	4 COCONUT LAN	E
	KEY BISCAYNE, F	L 33149
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Florida street	address
		, 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			<del></del>
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<del></del>			Add
			Remove

D.	If amend	ing any other information, enter ch	inge(s) here: (Attach	additional sheets, if necessary.)
٠	*	•		
			<u> </u>	
	<del></del>			
			•	
E.	(The effectiv the date thi	date, if other than the date of filing e date must be specific, cannot be prior to dat s document is filed by the Florida Departmen	of receipt or filed date and	cannot be more than 90 days after
	Dated S	eptember 30	2014	
		Signature of a n	ember or authorized ple	sentative of a member
		Ernesto H. Weisson		
			yped or printed name of s	signee

Page 3 of 3

Filing Fee: \$25.00