

103000040740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

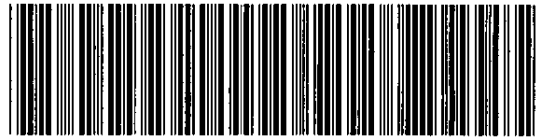
(Document Number)

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08 AUG 29 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 02 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Design For Real Living, LLC
(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:

Carrie Kraus

(Name of Person)

Design For Real Living

(Firm/Company)

320 First Street North, Suite 611

(Address)

Jacksonville Beach FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

Carrie Kraus

(Name of Person)

at (904) 386.3332

(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

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08 AUG 29 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2008

CARRIE KRAUS
320 FIRST STREET NORTH, SUITE 611
JACKSONVILLE BEACH, FL 32250

SUBJECT: DESIGN FOR REAL LIVING, LLC
Ref. Number: L03000040740

We have received your document for DESIGN FOR REAL LIVING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 508A00005722

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08 AUG 29 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Design For Real Living, 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 October 23, 2013 and assigned Florida document number LO3000040740.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Carrie Kraus

New Registered Office Address:

320 1st Street North, Suite 611

(Enter Florida street address)

Jacksonville Beach, Florida

(City)

32250

(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)

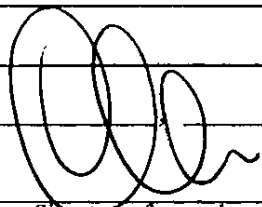
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|--|--|
| MGRM | Lynda F Stokes | 4315 Pablo Oaks Court SUITE 1 JACKSONVILLE, FL 32224 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | E. Chester Stokes JR | 4315 Pablo Oaks Court SUITE 1 JACKSONVILLE, FL 32224 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Carrie Kraus | 3347 Lighthouse Point Lane JACKSONVILLE BEACH, FL 32250 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Carrie Kraus | 3347 Lighthouse Point Lane JACKSONVILLE BEACH, FL 32250 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Brian Kraus | 3347 Lighthouse Point Lane JACKSONVILLE BEACH, FL 32250 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

Carrie Kraus

Typed or printed name of signee

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TALLAHASSEE, FLORIDA