

L05000064166

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: U DESIGN IT, 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:

MICHEAL OUELLETTE

Name of Person

U DESIGN IT, LLC

Firm/Company

P.O. BOX 510030

Address

PUNTA GORDA, FL 33951

City/State and Zip Code

MOUELLETTE@STOCKDEVELOPMENT.COM

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

For further information concerning this matter, please call:

CRAIG D. WHITAKER, CPA

239 939-1188
at ()

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**

U DESIGN IT, 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 1/13/2005 and assigned
Florida document number L05000004166.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1429 COLONIAL BLVD STE 201

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33907

Enter new mailing address, if applicable:

P.O. BOX 510030

(Mailing address MAY BE A POST OFFICE BOX)

PUNTA GORDA, FL 33951

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:

MICHEAL OUELLETTE

New Registered Office Address:

1429 COLONIAL BLVD STE 201

Enter Florida street address

FORT MYERS

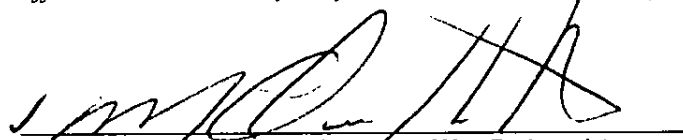
City

Florida

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CYNTHIA A OUELLETTE	17887 COURSIDE LANDINGS	<input type="checkbox"/> Add
		CIR, PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHEAL OUELLETTE	P.O. BOX 510030	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33951	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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e will not be listed as t

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated ✓ June 19/15
✓ Mr. P. H. H.
 Signature of a member or authorized representative of a member

Typed or printed name of signee