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COVER LETTER

TO: Registration Section Division of Corporation			•
SUBJECT:	akewood Ram Name of Limited	1 Liability Company	40
		•	·
The enclosed Articles of Ar	nendment and fee(s) are submi	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Katharine	M. Paradissis	
	Paradiss	Name of Person 15 Design, LL Firm/Company	<u>.</u>
	11210 Pine	_	enton
	Bradento	City/State and Zip Code	
		e used for future annual report notification	
For further information con	cerning this matter, please call	;	
Name of P	-adissis	at (941) 758 - 83. Area Code & Daytime Tel	ephone Number
	••••	7200 ODGO GO 2017.1110.,701	(P)((C)()
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	♥\$30.00 Filing Fee & Certificate of Status	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

Lakewood Ranch N	Turals LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LD5000008667</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Paradissis D	rsign, LLC
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, enter the name of the new
Name of New Registered Agent:	Katherne NIA PA Z
New Registered Office Address:	
	Enter Florida street address, 💍
	, Florida
New Registered Agent's Signature, if changing Registered	City — Zip Cede — —
the provisions of all statutes relative to the proper and accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with d complete performance of my duties, and I am familiar with and gent as provided for in Chapter 608, F.S. Or, if this document is d office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

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

MGR = Manager '	`
MGRM = Managing	Member

Title	<u>Name</u>	Address	Type of Action
MBRM	Katharine M. Wagner	11210 Pine Lilly Pl	Add
		Bradata Fl 34202	Remove
M6RM	Katharine M. Paradissis	11210 Pine Lilly PL	🔀 Add
,		Bradenton, Fi	Remove
 			Add
			Remove
			Add
			Remove
٠	·		
			Add
			Remove
			
			Add
			Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated	anume 22, 2013.
	Kalhene Paradesser
	Signature of a member or authorized representative of a member
	Ketharine Paradissis
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00