06000057117				
(Requestor's Name) (Address) (Address)	400121663574			
(City/State/Zip/Phone #)	04/14/0801011022 **55.00			
(Document Number) Certified Copies Certificates of Status	OB APR 14 PH 3: L			
Office Use Only	J. BRYAN APR 1 5 2008 EXAMINER			

COVER LETTER

Registration Section TO: **Division of Corporations**

MadDesigh, LLC (Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles W. White IT (Name of Person) ChadDesign, LLC (Firm/Company) 11 Nov 80 1577A Jacks Drive (Address) Till. hessec, fl 32301 (City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>890)</u> 574-2423 (Area Code & Daytime Telephone Number) les/that white Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

555.00 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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	DIVISION OF CORPO
ChadDesign, LLC	A 3: 49
(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 Florida document number $L0400057117$.	and assigned

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 "LLC."

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

Name of New Registered Agent: <u>310 Blownt St., Suite 202</u> (Enter Florida street address) Tallahassee, Florida <u>32301</u> (City) (Zip Code) New Registered Office Address:

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

- -

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	- 08 f
			FILED SECRETARY OF STAT
Dated	1/9/08, 2001 R		- : 1 9
_		Puthorized representative of a member Hey White printed name of signee	
Page 2 of 2			

Filing Fee: \$25.00

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