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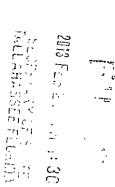
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## **COVER LETTER**

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TO: Registration Sec Division of Corp		
CONSIG	IN DESIGN HOME FURNISHING & ACCESSORIES, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Emmanuel Delicat	
	Name of Person	
	CONSIGN DESIGN HOME FURNISHING & ACCESSORIES, LLC	
	Firm/Company	
	1322 Monteray Way	
	Address	
	West Palm Beach, FL 33413	2018
	City/State and Zip Code	2018 FED WALLERY
	Mannydelicat@yahoo.com	1500 N
	E-mail address: (to be used for future annual report notification)	m'S MC:
For further information co	oncerning this matter, please call:	Trible II
Emmanuel	Delicat at (561) 932-9975  Person Area Code & Daytime Telephone Number	$ 0 + \omega$ $\omega$ $\omega$
Name of	Person Arca Code & Daytime Telephone Number	<del>- 12</del>
Enclosed is a check for th	e following amount:	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee & □\$fee & □\$fee Copy Certificate of Status	ing Fee, te of Status &

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CONSIGN DESIGN HOME FURNISHING & ACCESSORIES, 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 L	iability Company were filed on <u>Ac</u>	xq 29,2006 and assigned	
Florida document number <u>20600087</u>	953		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
Consign Design LLC			
The new name must be distinguishable and end wi"L.L.C."	th the words "Limited Liability Compa	iny," the designation "LLC" or the abbrevia	tio
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)	Na	_
		C-0	
		TO THE SECOND	_
Enter new mailing address, if applicable:		\(\rangle \) \(\r	
(Mailing address MAY BE A POST OFFICE		0)0	_
<u> </u>			)
		- 1 ω - 1 ω	_
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the	<u>161</u>
Name of New Registered Agent:	Emmanuel Delicat		_
New Registered Office Address:	1322 Monteray Way		
New Registered Office Address.	En	ter Florida street address	
	West Palm Beach	Florida 33413	
	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 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 or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Barbara Kraus	2412 N.W. 67TH ST	Add
		BOCA RATON FL 33496	Remove
MGRM	Emmanuel Delicat	1322 Monteray Way	✓ Add
		West Palm Beach, FL 33413	Remove
MGRM	Elude Delicat	1322 Monteray Way	Add
		West Palm Beach, FL 33413	Remove
			_
			_ Remove
<del></del>			Add Remove
			- :- : : : : : : : : : : : : : : : : :
			Remove
			28 9 8 1 3 1 3 1 3

If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
<sub>ed</sub> February 19th	
28	en
Signatu	re of a member or authorized representative of a member
Emmanuel Delica	t
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00