

Jun 07 2010 3:52PM

NICK SPRADLIN

813-333-358

p.1

Division of Corporations

Page 1 of 1

**LD6000104794**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H10000131969 3)))



H100001319693ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : T20070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-6358

**L. SELLERS**  
JUN - 8 2010  
**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MARIA@nick-spradlin.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
APPRECIABLE DESIGNS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	\$25.00

RECEIVED  
10 JUN - 7 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 JUN - 7 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H100001319693

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**APPRECIABLE DESIGNS, 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 10/27/2006 and assigned  
Florida document number L06000104794

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)**

20867 SW 2ND STREETPEMBROKE PINES, FL 33029

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

20867 SW 2ND STREETPEMBROKE PINES, FL 33029

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED  
10 JUN - 7 AM  
59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

H100001319693

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>
MGR	MARIANELLA LEON	12000 N DALE MABRY HWY SUITE 110 TAMPA, FLORIDA 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JUAN E. MORENO	20867 SW 2ND STREET PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 JUNE 07, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MARIANELLA LEON  
\_\_\_\_\_  
Typed or printed name of signee