206000/2a754

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

A. LUNT

NOV 1 7 2010

EXAMINER

Office Use Only



000187751710

11/16/10--01015--016 **30.00

WINDY IN THE STATE
SERRETARY OF STATE
FALLAHASSEE! FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Innovative Show Design, 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:					
Cheistopher Runnells Name of Person					
Innovative Show Design, LLC Firm/Company					
159 E Lake Brantley DR. Address					
City/State and Zip Code					
For further information concerning this matter, please call:					
Christophek Funnells at (407) 951 - 8975 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 Certified Copy (additional copy is enclosed) \$55.00 Filing Fee \$ \$60.00 Filing Fee, 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

Innovative 5	Wash	sign, LLC	
(Name of the Limited I	Florida Limited Liability	t now appears on our rec (Company)	ords.)
The Articles of Organization for this Limited Lia	ability Company were f	filed on 12[28	2006 and assigned
Tiorida document number	4 (3)		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	bility Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			HARRY TO
(Mailing address MAY BE A POST OFFICE B	<u></u>		WAX &
			79 3 177
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office ad	idress on our records	, enter the name of the new
Name of New Registered Agent:	<u>Kristin</u>	Kuetz	
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
		Enter Florida s	treet address
	City	, Flo	orida

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.

Page 1 of 2

If Changing Registered Agent, Signature of New Resistered 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 = Mana MGRM = Ma	nger Inaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRU	Michael S. Hartowi	159 E. Lake Broutley DK Logueso, E. 3278	Add Remove
NYQH	Lawrence Rogers	159 E. Lake Brantley DK Longood, FC 32779	Add Kemove
			Add Remove
			Add Remove
			A SOLUTION TO A
			EAdd. Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary?)	# 31 -
			-
			_
Dated <u>O</u>	RULER 15, DOI		
_	CHRISTOPHER	authorized representative of a member Prince S printed name of signee	

Page 2 of 2

Filing Fee: \$25.00