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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 29 2010

EXAMINER

CQVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Design Arts LLC (old), Yoakum Design Arts LLC. (new) *proposed name*
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:

Polly T. Yoakum

Name of Person

Firm/Company

110 Hilltop Drive

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

nathanandpolly@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Polly Yoakum

Name of Person

at (850)

259-7599

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

Reinstatement Fees = 377.50 + 5.00 Cert. of Status = ~~382.50~~ or \$382.50
Amendment Fees = 55.00 + 5.00 Cert. of Status = 60.00
TOTAL = \$442.50

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

Design Arts 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 FEB. 07, 2007 and assigned
Florida document number L07000013933.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Yoakum Design Arts LLC

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)

110 Hilltop Drive
Santa Rosa Beach, FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 Hilltop Drive
Santa Rosa Beach, FL 32459

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:

Polly T. Yoakum

New Registered Office Address:

110 Hilltop Drive, Santa Rosa Beach, FL 32459
Enter Florida street address

Santa Rosa Beach, Florida 32459
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.

Polly T. Yoakum
If Changing Registered Agent/Signature of New Registered Agent

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	Polly T. Yoakum	110 Hilltop Drive Santa Rosa Beach, FL 32459	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Nathan A. Yoakum	110 Hilltop Drive Santa Rosa Beach, FL 32459	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated October 25, 2010



Signature of a member or authorized representative of a member
Polly T. Yoakum

Typed or printed name of signee