

LD700004218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

SEP 27 2011

EXAMINER

Office Use Only



500212221415

09/26/11--01041--005 **30.00

FILED
SEP 26 PM 5:57
RECEIVED BY
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DESIGN L EMENTS 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:

Lani Tole

Name of Person

DESIGN L EMENTS LLC

Firm/Company

3019 Ravenswood Road, Suite 101

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

lani@design-elements.com

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

For further information concerning this matter, please call:

Lani Tole

Name of Person

at (954)

598-4229

Area Code & Daytime Telephone Number

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

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

DESIGN ELEMENTS 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 April 19, 2007 and assigned Florida document number L07000042186.

This amendment is submitted to amend the following:

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

Design Elements 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

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, 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>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated September 23, 2011


Signature of a member or authorized representative of a member

Lani Tole
Typed or printed name of signee



DESIGN ELEMENTS
luxe event drape and decor

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

SUBJECT: DESIGN ELMENTS LLC

SPECIAL NOTATION:

Please be advised, we have (2) trademarks registered with the State of Florida. One is for the service mark, DESIGN ELEMENTS. The second is for the service mark, DE DESIGN ELEMENTS LUXE EVENT DRAPE AND DÉCOR (DESIGN).

If you have any questions in this regard these trademarks, please contact the attorney that filed these marks on our behalf, Heather R. Schwarz, Esq. with Trenam Kemker, located at 101 E. Kennedy Boulevard, Suite 2700, Tampa, FL 33602; Direct: 813.227.7431; Phone: 813.223.7474; Fax: 813.227.0431.

If you have any further questions, please do not hesitate to contact me.

Very truly yours,

Lani Tole