L670000 48547

(Requestor's Name)
,
(Address)
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(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor				
OT ID	BUY DESI				
SUBJ	JECT:		nited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	e return all correspo	ndence concerning this matter	to the following:		
		JEFF WIEGAND			
			Name of Person		
		BUY DESIGN LLC			
	Firm/Company				
			Address		
		SARASOTA, FL 34232			
			City/State and Zip Code		
		JEFF@BUYDESIGNSRQ.		· · · · · · · · · · · · · · · · · · ·	
			to be used for future annual report notifi	cation)	
For fu	orther information co	oncerning this matter, please c	all:		
JEFF	WIEGAND		941 321-0782 at ()		
	Name o	f Person		Telephone Number	
Enclo	sed is a check for th	ne 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

BUY DESIGN LLC		
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L07000048547	mpany were filed on 05/08/2007	and assigned
riorida document number	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE SE
(Principal office address MUST BE A STREET ADDRE	<u> </u>	AY ON CORE
		Red C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	***	
	Enter Florida street address	
	, Florid	
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CYNTHIA WIEGAND	2200 CATTLEMEN RD	□ Add
		SARASOTA, FL 34232	■ Remove
			Change
	-		
		1999	☐ Remove
			Change
		 	Add
			Remove
			☐ Change
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fan effective d <u>Note:</u> If the o		must be specific a s block does not	nd cannot be prior t meet the appli	r to date of filing or cable statutory fil	more than 90 days aft	tional) ter filing.) Pursuant to his date will not be	
	specifies a dela day after the i			ot an effective	time, at 12:01	a.m. on the ea	rlier of
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	. /	den	/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00