L07000076948

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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ALLAHASSEE, FLORID

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OF PARTMENT OF STATE

OVISION OF CORPORATION

B. KOHR

JUL 7 2009

EXAMINER

COVER LETTER

TO: Rep	gistration S vision of Co					
SUBJECT: SWINGSETS BY DESI€N LLC				,		
			ted Liability Company			
				00		
The enclose	d Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return	n all corresp	ondence concerning this matter	to the following:	WALTHIESEE P		
			RON BENFIELD			
			Name of Person			
				·		
			Firm/Company	•		
58 SIOU>		58 SIOUX CIRCLE				
	Address					
	HAVANA, FL 32333					
	City/State and Zip Code					
		E-mail address: (to be used for future annual report notificatio	n)		
For further i	information	concerning this matter, please of	call:			
	RC	N BENFIELD	at (850) 539	-5171		
	Name	of Person	Area Code & Daytime Tele	ephone Number		
Enclosed is	a check for	the following amount:				
\$25.00 F	iling 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		tration Section ion of Corporations 3ox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION TO

	0,9
ARTICLES OF AMENDM	ENT RESERVED
ARTICLES OF ORGANIZA OF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
SWINGSETS BY DESIGN (Name of the Limited Liability Company as it now a (A Florida Limited Liability Company) (A Florida Limited Liability Company)	and assigned
Lability Company were filed of	n
The Articles of Organization for this Limited Liability Company were filed of L07000076948	
Florida document number	
adment is submitted to amend the following:	pany here:
and manding name, enter the new name of the mintee	designation "LLC" or the abbreviat
A. If amending	ity Company," the designation
A. If amending name, enter the new name of the limited liability compared to the new name must be distinguishable and end with the words "Limited Liability L.C."	
is applicable:	
Enter new principal offices address, if appears (Principal office address MUST BE A STREET ADDRESS)	
(Principal office address in Co	
Marce if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A 1 0	anter the name of
esting affice	address on our records, enter
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registers	Enter Florida street address
New Registered Office Address:	Florida
	City Ziţ
	W1-7

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 the provisions of all statutes relative to the proper and complete performance of my duties, and I an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the lir company has been notified in writing of this change. If Changing Registered Agent, Signature of New

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> **Address** Type of Action MGRM PAUL ADRIANSE 1910 W NELSON CIR ☐ Add √ Remove TALLAHASSEE, FL 32303 MGRM AARON RENINGER 1910 W NELSON CIR ✓ Add TALLAHASSEE, FL 32303 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 7 2009 Dated ____ Signature of a member or authorized representative of a member **RON BENFIELD**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00