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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 04 2010

EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Ergo Design Studio, 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:

Scott Grisack
Name of Person
Ergo Design Studio
Firm/Company
26836 Winged Elm Drive
Address
Wesley Chapel, FL 33544
City/State and Zip Code
Scott@SYMMETRYOFFICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Grisack at (813) 973-3230
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 ☐ \$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**

Ergo Design Studio

(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 Oct 15, 2007 and assigned
Florida document number L07000104992

This amendment is submitted to amend the following:

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

Symmetry Office, 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)

26836 Winged Elm Drive
Wesley Chapel, FL 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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

_____, 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.

n/a
If Changing Registered Agent, Signature of New Registered Agent

