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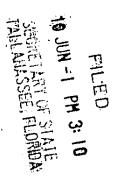
| (Re | questor's Name) | | | |
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| (Address) | | | | |
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| (Cit | y/State/Zip/Phon | e #) | | |
| PiCK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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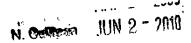
Office Use Only



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COVER LETTER

| TO: , Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: THE WHITE HOUSE DESIGNED INTERIORS, L.L.C. 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: | | | | |
| Aynthia White Name of Person | | | | |
| WHITE HOUSE DESIGNED INTERIORE, L.L.C. | | | | |
| 19447 SW 24th ST. Address | | | | |
| MIRAMAR, FL 33029 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Name of Person at (754) 5884041 Afea Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee & Certificate of Status & Ce | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 JUN -1 PM 3: 10

THE WHITE HOUSE DESIGNED INTERIORS STATE C. (Name of the Limited Liability Company as it now appears on our records) AMASSEE, ELORIDAE

(A Florida Limited Liability Company)

| (A Florida Limited Li | iability Company) | MASSEE, ELORIDA |
|--|---|---------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on <u>0\/\\/08</u> | and assigned |
| Florida document number <u>L0800004362</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and end with the words "Limit"L.L.C." | ed Liability Company," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | <u></u> |
| | Enter Florida street address Florida City Zip Code | |
| | | |
| New Registered Agent's Signature, if changing Registered Agent: | City | Zip Code |
| I hereby accept the appointment as registered agent and agre | ee to act in this capacity. I further o | igree to comply with |

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:

| MGRM = | Managing Member | | |
|---------------------------------------|--|---|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| D. If amer | nding any other information, enter chan | age(s) here: (Attach additional sheets, if necessar | ry.) |
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| | | er or authorized representative of a member | |
| | CYNTHIA | WHITE ed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00