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(Address)				
(Ad	dress)			
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EXAMINER



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COVER LETTER

TO: Registration S Division of Co		,				
SUBJECT:	Tim's	Home Design				
		ited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:				
	Timothy Braun					
Name of Person						
		Tim's Home Design				
Firm/Company						
217 Flamingo Dr Address						
		Sanford, FI 32773				
		City/State and Zip Code				
	timothybraun@bellsouth.net E-mail address: (to be used for future annual report notification)					
Ear further information	e-man address: (•	1011)			
roi furmer information	concerning this matter, please c	čan.				
Ti	mothy Braun	at (27-4220			
Name o	of Person	Area Code & Daytime T	elephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10			

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**

Tim's Home Design	gn LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	<u>w appears on our records.</u>) mpany)		
The Articles of Organization for this Limited Liability Company were filed Florida document numberL0800009327	on01/25/2008 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	pany here:		
Braun Construction and D	esign LLC		
The new name must be distinguishable and end with the words "Limited Liabilit" L.L.C."	y Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRESS)	200		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
City New Registered Agent's Signature if changing Designated Agent.	Zip Code		

Registered Agent's Signature, it 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

Page 1 of 2

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	
	· 		Add Remove	
			Add Remove	
	-		Add Remove	
			Add Remove	
	. *		Add Remove	
			Add Remove	
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_	
			_ _	
	10120111		_ _	
Dated <u>U</u>	Signatura of a mambar	or authorized representative of a member		
	•	or authorized representative of a member Timothy Braun		
	Typed	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00