L08000062234

| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ad | ldress) | | | |
| | | | | |
| (Ad | ldress) | · | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| | | | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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07/07/08--01020--003 **25.00

Amendment L08-62234

N. CAUSSEAUX

JUL 9 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: NEW SMYRNA BEACH DESIGN CENTER 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: | | | | | | |
| Sallie Spurney (Name of Person) | | | | | | |
| New Smyrna Beach Design Center LLC (Firm/Company) | | | | | | |
| 421 Canal St Suite 102 (Address) | | | | | | |
| New Smyrna Beach FL 32168 (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Sallie Spurney at (386) 478-9344 (Area Code & Daytime Telephone Number) | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$25.00 Filing Fee Certificate of Status & Certificate Orby (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**

NEW SMYRNA BEACH DESIGN CENTER LLC

| (Name of the Limited L | iability Company as it now appears on our lorida Limited Liability Company) | records.) |
|--|---|---------------------------------------|
| (A1 | ionua Ellinicu Elabinty Company) | 5± 4 |
| The Articles of Organization for this Limited Liab | oility Company were filed on6/25/08 |) Cand assigned |
| Florida document numberL08000062234 | | ,¥ |
| | | |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company," the | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicab | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | W | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | |
| | | |
| B. If amending the registered agent and/or | registered office address on our reco | rds, enter the name of the new |
| registered agent and/or the new registered office | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Enter Flor | ida street address) |
| | · · | , |
| | (City) | , Florida(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.

(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:

MGR = Manager MGRM = Managing Member

| Title | <u>Name</u> | Address | Type of Action |
|------------|--------------------------|---|---------------------------------------|
| MGRM | ROOM SERVICE DESIGN LLC | 210 PARKTOWNE BLVD UNIT 1 EDGEWATER FL 32132 | Add Remove |
| MGRM | NEW WAY TECHNOLOGIES LLC | 2814 BAY SIDE DRIVE NEW SMYRNA BEACH FL 32168 | Add Remove |
| MGRM | PATRICIA MCCRACKEN | 421 CANAL ST SUITE 102 NEW SMYRNA BEACH FL 32168 | x∑ Add Remove |
| MGRM | MAURICE MCCRACKEN | 421 CANAL ST SUITE 102 NEW SMYRNA BEACH FL 32168 | XI Add Remove |
| MGRM | HAL SPURNEY | 421 CANAL ST SUITE 102 NEW SMYRNA BEACH FL 32168 | ▲ Add Remove |
| MGRM | SALLIE SPURNEY | 421 CANAL ST SUITE 102 NEW SMYRNA BEACH FL 32168 | ₹ ₹ Add Remove |
| D. If amen | 6/27 . 08 Harak C | e(s) here: (Attach additional sheets, if necëssa | SECTION OF STATE TALLAHASSEE, FLORDA |
| | Typed | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00