

(R	equestor's Name)		
(A	ddress)		
. (A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	· MAIL	
(B	usiness Entity Name)		
(Document Number)			
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EXAMINER



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SLOKETARY OF STATE
ANAMASSEE FI ORIDA

COVER LETTER

TO: Registration Sec Division of Cor			·
SUBJECT: B SHAR	RP DESIGN LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
,	TERRY BITTING		
•		Name of Person	
	B SHARP DESIGN		_
		Firm/Company	
	2379 PINE TREE TE	ERRACE	
		Address	
	KISSIMMEE, FL 34		
		City/State and Zip Code	***************************************
	bsharpdesign@yahoo E-mail address: (t	.com o be used for future annual report notificat	ion)
For further information co	oncerning this matter, please c		
TERRY BITTING Name of	Person	at (<u>407</u>) 350-5927 Area Code & Daytime To	elenhane Number
		0000 00 000, 11110 11	
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S60.00 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

B SHARP DESIGN LLC				_
(<u>Name of the Limited</u> (A	Liability Compa- Florida Limited L	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Li	ability Company	were filed on <u>09/10/2008</u>	aı	nd assigned
Florida document number <u>L08000086304</u>	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the des	signation "LLC" o	r the abbreviation
Enter new principal offices address, if applicable:		866 DUNCAN AVENUE	Ξ	
(Principal office address MUST BE A STREE	T ADDRESS)	KISSIMMEE, FL 34744		
			2 -100	<u> </u>
Francisco Por III (6 P. II			AHA	No.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
			<u></u>	E
			OR TA	- Contract of
B. If amending the registered agent and/oregistered agent and/or the new registered of				nte of the nev
registered agent and/or the new registered of	nce address here	: •		-
Name of New Registered Agent:				
New Registered Office Address:	210 E. MONI	UMENT AVENUE, SUITE		
		Enter Florida	street address	
	KISSIMMEE	· ··	lorida <u>34741</u>	
		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.

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
<u>CFO</u>	DIANA L. BITTING	2379 PINE TREE TERRACE KISSIMMEE, FL 34744	☐ Add ☐ Remove
			
			- n
			Add Remove
			Add Remove
D. If amer	nding any other information, en	ter change(s) here: (Attach additional sheets, if nece	essary.)
-			
_		20:0	
Dated	ADVII	fa member or authorized representative of a member	
	TERRY BITTING		
		Typod or printed name of signer	

Typed or printed name of signee

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Filing Fee: \$25.00