L090000 29119

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COVER LETTER

TO:	Registration Sec Division of Corp		e de la companya de	ŧ
SUBJI	ест: <u>а</u> в	ility Design Name of Limi	and Build ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Name of Person	
		<u>abili</u>	ty Designand Bo	vild
		9852	Bridgeton Dr Address	
			$\rho a = FL = 3362$ City/State and Zip Code	
		E-mail address: (t	angkittyegm to be used for future annual report notif	QI (· CoM fication)
For fur	ther information cor	ncerning this matter, please ca	all:	
	Angela Name of 1	Sivale 11	at (813) 245 Area Code Daytime	5-0899 Telephone Number
1	ed is a check for the	following amount: \$\Bigsim \$30.00\$ Filing Fee & Certificate of Status	: . \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
		Confidence of Status	(additional copy is enclosed)	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

Hbillty Design and (Name of the Limited Liability Com (A Florida Limite	Build, LLC			
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)			
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 0900028119</u> .	ny were filed on03/17/200	<u>9</u> an	d assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviat	ion "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				<u>.</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the na	ame (of the new
Name of New Registered Agent:		<u> </u>	-14-44 1-2-4	
New Registered Office Address:		, , , , , , , , , , , , , , , , , , ,	.27-	1 % 1 %
	Enter Florida street address , Florida	200 21 70, 2	.) .) 	E trains
	City	Zip (Code	
New Registered Agent's Signature, if changing Registered Agen	t:		." D	Table 1

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	angela Sivalelli	9852 Bridgeton Dr.	D Add
	·	9852 Bridgeton Dr. Tampa FL 33626	Remove
MGR	Drayton Callison	9852 Bridgeton Dr	D⁄Add
			□ Remove
			Remove
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			DĀdd
		05 05 07	☐ [®] Remove
			Add
			□ Remove

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