

L09000037387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

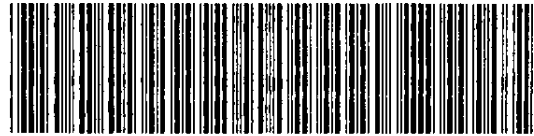
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500198352195

03/21/11--01015--004 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 11:16

N. Culligan MAR 22 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C+L Design, LLC d/b/a Bell Home Collection
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:

Colleen Aboud
Name of Person

C+L Design
Firm/Company

5856 Red Bug Lake Rd
Address

Winter Springs, FL 32708
City/State and Zip Code

colleenaboud@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Aboud at 407 415-8439
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 11:16 '06

CTL Design, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/17/2009 and assigned Florida document number LO9000037387.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

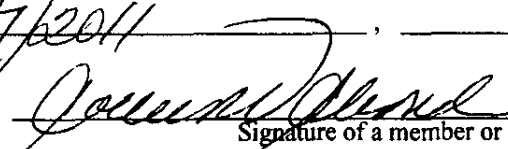
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LISA KARLOVIC	677 TUSCORA DR. WINTER SPRINGS, FL. 32708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BETTY MURPHY	580 HURT RD. SUYRNA, GA. 30080	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 11 MAR 21 AM 11:16

Dated 3/17/2011


 Signature of a member or authorized representative of a member
COLLEEN VARBOVIC

 Typed or printed name of signee