

LO9000054254

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000167149 3)))



H090001671493ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
09 JUL 21 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
09 JUL 21 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DESIGN, CONCEPTS AND OPTIONS IN ARCHITECTURE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

D. BRUCE

JUL 22 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DESIGN CONCEPTS AND OPTIONS IN ARCHITECTURE, 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 06/04/2009 and assigned
Florida document number L09000054254

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)

1445 NORTH TREASURE DR #40

NORTH BAY VILLAGE FL 3314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1445 NORTH TREASURE DR #40

NORTH BAY VILLAGE FL 3314

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

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	Name	Address	Type of Action
-------	------	---------	----------------

D	VERONIKA S. MERCIER,	1455 NORTH TREASURE DR #4A NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
---	----------------------	--	--

D	VERONIKA L. STERKEL	1445 NORTH TREASURE DR #4A NORTH BAY VILLAGE FL 33141	<input checked="" 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
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

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

Dated JULY 21ST , 2009

(X) Juan Saldana
Signature of a member or authorized representative of a member

(X) Juan Saldana de la Rosa
Typed or printed name of signer

FILED
09 JUL 21 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA