

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 8:44

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DESIGNS AND OPTICS STUDIOS 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:

Roger A Levine

Name of Person

DESIGNS AND OPTICS STUDIOS LLC

Firm/Company

9305 REDfish Cove

Address

APOKA FL 32703

City/State and Zip Code

USA TAGS @ EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger A Levine

Name of Person

at (407) 822-3572

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)

Sent Previous (see attached)  
attached ADDITIONAL  
\$5.00 FOR CERTIFICATE OF STATUS

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

★ TO CORRECT  
SUITE #  
OF PRINCIPAL  
OFFICE  
ADDRESS

DESIGNS AND OPTICS STUDIOS 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 06/23/2009 and assigned  
Florida document number L69000061241.

This amendment is submitted to amend the following:

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

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)

8421 SOUTH ORANGE AVE  
SUITE 239  
ORLANDO FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9305 REDFISH COVE  
APOPKA FL 32703

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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
MGR	GREGORY S Hughes	8421 SPANGLER AVE Suite 234 DALLAS TX 75247	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Roger A Levine	9305 RED FISH CREEK DALLAS TX 75243	<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.)

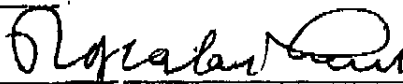
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Dated 9/21/09



Signature of a member or authorized representative of a member

Roger A. Levine

Typed or printed name of signee

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