

L09000065803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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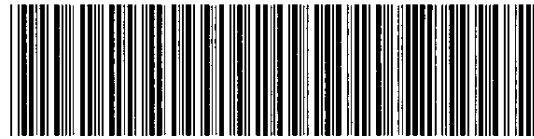
(Business Entity Name)

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09 JUL 17 AM 11:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JUL 17 2009
EXAMINER

FILED
09 JUL 17 PM 1:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 07/17/09

REF. #: 000174.107538

CORP. NAME: DESIGN COMPOSITIONS, LLC

FILED
09 JUL 17 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531015 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF AMENDMENT
TO THE ARTICLES OF ORGANIZATION OF
DESIGN COMPOSITIONS, LLC**

**FILED
09 JUL 17 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The undersigned, certifies that:

1. She is the Manager of Design Compositions, LLC, a Florida limited liability company, whose Articles of Organization were filed with the Secretary of State, State of Florida, on July 8, 2009.
2. The following Amendments to the Articles of Organization were adopted by the Limited Liability Company.
3. ARTICLE II of the Articles of Organization is hereby amended in its entirety to read as follows:

**ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS**

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

5011 Kestral Park Drive
Sarasota, Florida 34231

and, the mailing address of the Limited Liability Company shall be:

P.O. Box 3227
Sarasota, Florida 34230

4. ARTICLE III of the Articles of Organization is hereby amended in its entirety to read as follows:

ARTICLE III
REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its registered agent shall be:


Darlene Marie Abney
5011 Kestral Park Drive
Sarasota, Florida 34231

ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company. The name and address of the Manager of the Limited Liability Company is:

Darlene Marie Abney
P.O. Box 3227
Sarasota, Florida 34230

IN WITNESS WHEREOF, the undersigned Manager of the Limited Liability Company has executed these Articles of Amendment this 15 day of July, 2009:


Darlene Marie Abney

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

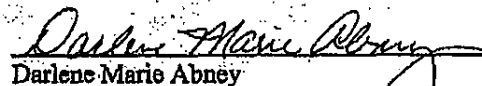
DESIGN COMPOSITIONS, LLC

2. The name and the Florida street address of the registered agent are:

Darlene Marie Abney
5011 Kestral Park Drive
Sarasota, Florida 34231

Having been named to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, 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.

Date: 2-15-04


Darlene Marie Abney

"REGISTERED AGENT"