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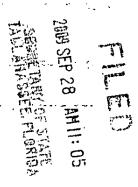
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T. CLINE

SEP 29 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: ESQUISITE DESIGN  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:						
ROSIE D. RIVERO  Name of Person						
ESQUISITE DESIGN						
15366 SW 39 TERRACE Address						
MIAMI, FL 33185 City/State and Zip Code						
City/State and Zip Code  DESIGN TOOL 21 O NAHOO COLATION  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ROSIE RIVERO at 786, 942-3030 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ (additional co						

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

(Name of the Limited Liability Company	v as it now appears on our		
(Name of the Limited Liability Company (A Florida Limited Lia	ibility Company)	,	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LO9000894</u> 32	vere filed on SEPTEM	IBER 15,200 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
DESIGN TOOL "L.L	C"		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	153 66	SW BACETER PACE	
(Principal office address MUST BE A STREET ADDRESS)	MTA MI	FLORIDA	
		378 1 85 8 8 1	
Enter new mailing address, if applicable:	15366	SW 39 FERRACE	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI	FL 235185	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		<del></del>	
	Enter Florida street address		
	Cu	_, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	nending any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	Remove
	AMENDING EM FROM: DOVING	AIL ADDRESS GEL D BELLSOUTH. N	UET
	To:	DESIGNTOOL210 Y	AHOO, COM
		(954) 918-8092 +0 (78	
Dated <u>S</u>	SEPTEMBER 23, 20		
		per or authorized representative of a member	<del></del>
	KOSI€ D	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00