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· · ·(Re	equestor's Name)			
(Ad	ldress)			
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D. BRUSS APR 18 2003 EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: czdesigr		lesigns IIc			
	Name of Limi	ted Liability Company		_	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		shirley zecher			
		Name of Person			
shirley zecher					
		Firm/Company		· 	مد
		195 se andrews dr			
		Address		ant.	
lake city, fl 32025			_======================================		
City/State and Zip Code				是是	ानु
	Shirl	eyzecher@comcast.net to be used for future annual report notif	ication)	-883 -883 -7	
For further information	concerning this matter, please of	•	rounding	PH 2:	
sl	hirley zecher	at (386.)	7550607	設計 25	
Name	of Person	Area Code & Daytim	e Telephone Nur	mber	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certi) Certi	Filing Fee, ificate of Status & ified Copy it it is end to be it in a copy is end	

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

czdesig	ans,lic	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our	records.)
(A Florida Limited L	lability Company)	,
The Articles of Organization for this Limited Liability Company were filed on		and assigned
Florida document number LO9000093339 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
szdesign	s,LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		F#
	•	SS = 72
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 × C
Muung uures MAT BE A FOST OFFICE BOA		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida 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 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

Type of Action <u>Title</u> <u>Address</u> <u>Name</u> carol cieslik manage 3117 se cr 245 ☐ Add lake city fl 32025 ∇ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add ___Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Mar 31, 2010 Dated_ Signature of a member of authorized representative of a member Shirley Zecher Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

Carol Cuslik

To whom it may concern:

I, Carol Cieslik, am no longer associated with the LLC CZ Designs.

Carol Cieslik

JAMIE TOIGO REVIS

Notary Public - State of Florida My Comm. Expires Aug 20, 2013

Commission # DD 918835

Bonded Through National Notary Assn.