

**LD9000104955**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

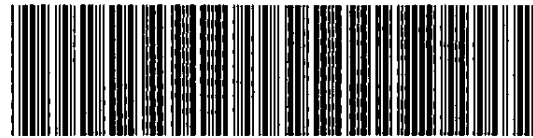
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
**2010 OCT 27 PM 13:25**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**OCT 28 2010**

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2010

LAURI STUMPF  
EVOLVING BY DESIGN, LLC  
1014 BLUE WING CT.  
VENICE, FL 34293

SUBJECT: ECOLIVING BY DESIGN, LLC  
Ref. Number: L09000104955

We have received your document for ECOLIVING BY DESIGN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 310A00024256

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EcoLiving by Design, 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:

LAURI STUMPF  
Name of Person

EcoLiving by design, LLC  
Firm/Company

1014 BLUE WING CT.  
Address

VENICE, FL 34293  
City/State and Zip Code

lauri.stumpf@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURI STUMPF at (941) 416-2305  
Name of Person 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)

**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

FILED

2010 OCT 27 PM 3:26

DAVID EcoLiving by Design, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCT. 30, 2009 and assigned  
Florida document number L 09000104955.

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

LAURI STUMPF

New Registered Office Address:

1014 BLUE WING CT.

Enter Florida street address

VENICE

City

, Florida

34293

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.*

Lauri Stumpf

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                                           |
|--------------|-------------|----------------|-----------------------------------------------------------------|
|              | N/A         |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

N/A

Dated \_\_\_\_\_, \_\_\_\_\_.

X Lauri A. Stumpf  
Signature of a member or authorized representative of a member  
X LAURI A. STUMPF  
Typed or printed name of signee

2010 OCT 27 PM 3:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED