## L09000105321

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## **COVER LETTER**

COVEREELIER			
TO: Registration Section Division of Corporations			
SUBJECT: ARLYN DESIGNS L.L.C.  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:			
Gary WISENER Name of Person			
Anlyn Dasigns cc.c			
1215 Lakashana Dn. Address			
Eustis FL. 32726  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (352) 3 60 - 9512  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Fee} \text{ Solution} \text{Solution} \text{Filing Fee} \text{ Solution} \text{Solution} \text{Filing Fee} \text{ Solution} \text{Solution} \text{Filing Fee}  Certificate of Status & Certified Copy Certif			

MAILING ADDRESS:

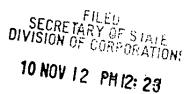
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION



(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 11-2-2009 and assigned Florida document number 4090010532!

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	~ /A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the nev

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:

GARY L. WISTNER

New Registered Office Address:

Enter Florida street address

Sanasota, Florida 34286-8502
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>:

MGR'= Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Chenyl L. Wistwan	1215 Lahoshomo Dn Eustis FL, 32726 1590 1st st. Sanovata Fl 34236-43	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	FILEU FILEU SECRETARY OF STALE DIVISION OF CORPURATION: 10 NOV 12 PH 12: 23		
Dated		r authorized representative of a member	<del></del>		
	Change to	r printed name of signee	<del></del>		

Page 2 of 2

Filing Fee: \$25.00