Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Addount Name

: THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

: (813)435-3176

Fax Number

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2393538579

CASE DESIGNS INC

PAGE 01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the J. Imited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/11/2009	and assigned
This amendment is submitted to amend the following:		
4. If amending came, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word L.L.C."	s "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(222)	<u>=</u>
		5
Enter new mailing address, if applicable:		JAN - SEE
Muiling address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter</u> <u>es here</u> :	the name of thernew OHS
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street aa	idress)
	, Florida	
	(Chu)	(Zin 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)

Page 1 of 2

GR = Manager GRM = Managi	Vlanagers or Managing Mem niber being added or removed	CASE DESIGNS INC bers on our records, enter the title, name, a from our records:	PAGE 02
GR = Manager GRM = Managi	upel ocids again of temored	bers on our records, enter the title, name, a from our records:	nd address of each Manager
GRM = Managi	ing Member		
lle Na			
<u></u>	nme	Address	Type of Action
GRM CH	IRISTIAN E. KINKEAD	B81 3RD STREET N.W. NAPLES, FL 34120	Add Remove
RM ZC	DE A. KINKEAD	881 3RD STREET N.W. NAPLES: FL 34120	Add Remove
······			
			Add Remove
<u> </u>			Add Remove
			Add Remove
If amending any	y other information, enter ch	ange(s) here: (Attach additional sheets, if nece	essary.)
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ed <u>/2</u>	Markon X	1. Thather.	AM 7: 54
	Signature of a men	ber or authorized representative of a member	S

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