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| (Requestor's Name) | |
|-----------------------------------------|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
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A. LUNT

AUG 17 2011

EXAMINER

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ZULI AUG 15 AM DE SO SECRETARY OF STATE

COVER LETTER

| | Registration Section Division of Corporations | |
|-----------------|-----------------------------------------------------------------|----------------------------------------|
| SUBJEC | T: CFLFLOORPLANS.COM, LLC | |
| | . (Name of Limited Liability Company) | |
| The enclo | sed Articles of Amendment and fee(s) are submitted for filing. | |
| Please ret | urn all correspondence concerning this matter to the following: | |
| | Eric Popkin | |
| | (Name of Person) | |
| | cflfloorplans.com, LLC (Firm/Company) | |
| | (i uni/company) | |
| | 2755 Howard Ave | |
| | (Address) | |
| | Oviedo, FL 32765 | |
| | (City/State and Zip Code) | ~~~ |
| For furthe | r information concerning this matter, please call: | ZOIL AUG 15 SECKETARY ALLYAHASSE |
| Eric Po | | SSE IS |
| | (Name of Person) (Area Code & Daytime Telephone Number | TILED WE IS AM DES HASSELEFT ORTH |
| Enclosed ! | is a check for the following amount: | → 69 |
| \$25 ,00 | (additional copy is enclosed) Certified | te of Status & |

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 L | jability Company as it now appears on our recolorida Limited Liability Company) | cords.) | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------|--|
| The Articles of Organization for this Limited Liab | oility Company were filed on <u>01/05/2010</u> | and assigned | |
| Florida document number <u>L1000000828</u> | · · · · · · · · · · · · · · · · · · · | | |
| This amendment is submitted to amend the follow | ring: | • | |
| A. If amending name, enter the new name of t | | 2011 SEG | |
| Intertect Design Group LLC | | 2 8 € 1 1 1 1 1 1 1 1 1 1 | |
| Intertect Design Group LLC The new name must be distinguishable and end with to "L.L.C." | the words "Limited Liability Company," the desi | gnation 'PisC'' of the abbrowlatio | |
| B. If amending the registered agent and/or | registered office address on our records | s, enter the name of the nev | |
| registered agent and/or the new registered offic | | Sm sn | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | (Enter Florida street address) | | |
| | | | |
| | (City) | (Zip Code) | |

New Registered Agent's Signature, if changing Registered Agent:

CELELOODDI ANS COM LLC

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| ' MGR = Mana MGRM = Ma | nger nnaging Member | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|----------------|--|--|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | | |
| MGRM. | SHIPMAN, FRED B | 1643 BOMI CIRCLE WINTER PARK, FL 32792 US | Add Remove | | | | |
| MGRM | POPKIN, ERIC | 4630 S. SANFORD AVE SANFORD FL 32773 | Add Remove | | | | |
| | | ALC | et | | | | |
| | | SEE | Add Femov | | | | |
| | |) i | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | (s) here: (Attach additional sheets, if necessary.) | | | | | |
| Article V The name, responsibilities and address of managing members are: MGRM: Fred B. Shipman Florida Registered Architect No. 9292. Responsible supervising control of architectural projects. | | | | | | | |
| Address: 16 | 643 Bomi Circle, Winter Park FL 32792 | | | | | | |
| MGRM: Eri | c Popkin. Administrative and information technic | nologies supervisor | _ | | | | |
| Address: 46 | 630 S. Sanford Ave, Sanford FL 32713 | | _ | | | | |
| Dated May, 2 | 23 , 2011 | | | | | | |
| _ | | a authorized management tipe of a management | | | | | |
| ŗ | Eric Popkin, Managing Member | r authorized representative of a member | | | | | |
| Typed or printed name of signee | | | | | | | |

Page 2 of 2

Filing Fee: \$25.00