

L1000000/4270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

FEB 23 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 22 PM 1:46

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DESIGNS BY ECOART 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:

Amy Fulp

Name of Person

DESIGNS BY ECOART LLC

Firm/Company

4003 S. Westshore Blvd #4815

Address

Tampa, FL 33611

City/State and Zip Code

kittyamy5@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Fulp

Name of Person

at (813)

625-1893

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**

DESIGNS BY ECOART LLC

(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 02/08/2010 and assigned
Florida document number L10000014270.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ECOART DESIGNS LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

4003 S. Westshore Blvd

#4815

Tampa, FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 13917

Tampa, FL 33681

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Amy Fulp

New Registered Office Address:

4003 S. Westshore Blvd #4815

Enter Florida street address

Tampa

City

, Florida

33611

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.

[Signature]
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>
MGR	Daniel Mascunana	4003 S. Westshore Blvd Tampa, FL 33611	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Daniel Mascuñana	4003 S. Westshore Blvd #4815 Tampa, FL 33611	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

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

Dated February 19th, 2010

Signature of a member or authorized representative of a member
Amy Fulp

Typed or printed name of signee