## L10000023624

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B. KOHR

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**EXAMINER** 



## **COVER LETTER**

TO:

**Registration Section** 

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	PATRICIA DAVIS	BROWN DESIGNS, LLC	
SUBJECT:	Name of Lim	- W.C.	
			000
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	15 6
Please return all correspon	ndence concerning this matter	to the following:	bac 15 A K 15
			*** **********************************
		Patricia D. Brown	
		Name of Person	
Patricia Davis Brown Designs, LLC			
	Firm/Company		
	1923 6th Avenue S.E.		
		Address	
Vero Beach, FL 32962 City/State and Zip Code			
	E-mail address: (	odbfinecab@aol.com to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please of	•	
Date	icia D. Brown	772 . 20	99-4401
Name of		at ( 772 ) 29  Area Code & Daytime 1	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## PATRICIA DAVIS BROWN DESIGNS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

March 2, 2010 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned L10000023624 Florida document number \_ 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: (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: New Registered Office Address: Enter Florida street address Zip Code City

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, 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>	Address	Type of Action
	-		Add Remove
			Add Remove
			Add Remove
			Add Remove
		<u> </u>	□Add □Remove
			Add Remove
		ge(s) here: (Attach additional sheets, if necessary.)	<del></del>
		chief executive officer of the Company e business and affairs of the Company.	_
_			<del></del>
			·····
Dated	La diversión	010 X	·
	_	er or authorized representative of a member	
	Patricia D.	Brown, Managing Member d or printed name of signee	
	-71		

Page 2 of 2

Filing Fee: \$25.00