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J. SAULSBERRY EXAMINER AUG 19 2011

COVER LETTER

10:	Division of Co					
SUBJEC	C T:	OHLALA DES	IGN LLC ited Liability Company			
		Name of Limit	ted Elability Company			
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Virginia	Silberstein Name of Person			
		<u>Ohlah</u> T	Vesign LLC Prm/Company		76	
		1221 CASTLE	Address	·	2011 AUG 18 AM 9: 09 SECRETARY OF:STATE TALLAHASSEE, FLORID	<u></u>
	*	WINTER GAR	DEN, PL 34787 City/State and Zip Code		AM 9: 09 Y OF STATE SEE, FLORID	
		VITGINIAGE E-mail address: (HLALADESI SN. GAN to be used for future annual report notifica	ation)	09 RIDA	
For furth	er information o	concerning this matter, please of	all:			
Viro	Name o	ilbestian f Person	at (321) 27469 Area Code & Daytime 7	99 Telephone Number		
Enclosed	is a check for the	ne following amount:				
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &	1)

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

(Nome of the Limited Line)	Wrt n	as it now appears on our records	
(A Flor	rida Limited Lia	bility Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabili		vere filed on <u>07/01/20</u>	10 and assigned
Florida document number	9433		
This amendment is submitted to amend the following	ıg:	· ·	
A. If amending name, <u>enter the new name of the</u>	limited liabili	ity company here:	
• .		•	
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable	1		N
(Principal office address MUST BE A STREET Al			SECOND SECOND
		•	
•			18 ARY SSR
Enter new mailing address, if applicable:			mg = m
(Mailing address MAY BE A POST OFFICE BOX		9: 09 1 9: 09	
			09 816 90
B. If amending the registered agent and/or re registered agent and/or the new registered office		ce address on our records, <u>en</u>	ter the name of the ne
	_		
Name of New Registered Agent:	irginia	Silberstein	
New Registered Office Address:	221 CA	Silberstein ISTLEFORD RD	
		Enter Florida stree	
l	WINTER	City GARDEN, Florid	a 34787
-	,	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 Agen, Sinnature 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
MGR	DEBORAH BRUNO PAL	LA 2103 LAKE BALDWIN LN # 308, ORLANDO, F1 32814	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	ZOII AUG 18
		ASSEE FLORID	ILED 16 18 AM 9:09
Dated	08/15/1)	Albartie	- 9
-	Signature of a member	or authorized representative of a member VIR GINIA SIUSER or printed name of signee	PITEIN

Page 2 of 2

Filing Fee: \$25.00