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### COVER LETTER

TO	
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Registration Section Division of Corporations

SUBJECT:

N TO DAY, 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:

KUMMALA, VESA P

Name of Person

358 DESIGN, LLC

Firm/Company ...

8950 FROUDE AVENUE

Address

SURFSIDE, FL 33154

City/State and Zip Code

pkummala@jfausa.com

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

For further information concerning this matter, please call:

# JOHN YEAGER CPA

*...*305`444**-2727** 

Name of Person

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

IN TO DAY, LLC				<b></b>
( <u>Name of the Limited</u> (A	Liability Company	as it now appears o	on our records.)	الناوس المناز
(A	Florida Limited Liab	oility Company)		
The Articles of Organization for this Limited Li	ability Company we	ere filed on 08/31	1/2010	and assigned
Florida document number L10000091229				10 mg
rionda document number	<del></del>		•	
			•	
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:	•	<i>}**</i>
358 DESIGN, LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company	," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applic	able:		·	
(Principal office address MUST BE A STREE	T ADDRESS)			
•				
			,	
Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE	PAYA		, .	
Maung dadress MAI BE A POST OFFICE	<u> </u>			
	-			
• • •	•	•		• •
B. If amending the registered agent and/or the new registered of		e address on ou	r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	KUMMA	LA V	ESA P	
	8350 F1201	)OF 4.15	Grana-	
New Registered Office Address:	OSIO FIEDE		Florida street ad	14
		Enter	rioriaa street aa	aress
	SURFSI	DE	. Florida	35154
		City		Zip Code
New Registered Agent's Signature, if changing I	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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MG12</u>	KUMMALA, VESA P	8950 FROUDE AVE	× Add
		SUCFSIDE, FL, 33,154	Remove
		·	
MGRM	KUMMALA, MARI	8950 FROUDE AVE	Add
		SURFSIDE, FL, 93154	Remove
	-	· · · · · · · · · · · · · · · · · · ·	Add
		<u></u>	Remove
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			_ Remove

JUNE 11 , 2013  Signature of a member or authorized representative of a member of signee	er	
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Signature of a member or authorized representative of a member of	er	
Signature of a member or authorized representative of a member of signee	er	<del></del>
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Page 3 of 3	<b>A</b>	<u>್ಷ</u> ಪ
Filing Fee: \$25.00	N. S.	
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