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EXAMINER



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1.

COVER LETTER

TO:	Registration Se Division of Co		•	
SUBJI	ECT:	Ted Holla	nder Design LLC	
	-	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Ted Hollander	, i
Ted			Name of Person	
			Hollander Designs, LL	C
			Firm/Company	
			P.O. Box 561	
			Address	······································
		v	Vinter Park, FL 32790	
			City/State and Zip Code	
ted@		tedhollanderdesigns.co	om	
		E-mail address: (to be used for future annual repor	notification)
For fur	ther information o	concerning this matter, please of	all:	
	Тє	ed Hollander	at (407)	448-9500
Name of Person		Area Code & I	aytime Telephone Number	
Enclos	ed is a check for t	he following amount:		
□\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ration Section	STREET/CO Registration	DURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ted	l Hollander Design LLC				
(Name of the Limited L (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liab	oility Company were filed on	8/27/10	and assigned		
Florida document numberL100000918	<u>22 </u>				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :			
Ted	Hollander Designs, LLC				
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability Comp	any," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)	· .,			
			SE -		
Enter new mailing address, if applicable:			लिंद 🏆 📶		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>		
			<u> </u>		
			Ne Contraction		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·				
	Er	Enter Florida street address			
		, Florida _	· · · · · · · · · · · · · · · · · · ·		
	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 Agent, Signature of New Registered Agent

Page 1 of 2

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
MGRM	Carol L. Hollander	6082 Twin Lakes Drive Oviedo, FL 32765	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 			Add Remove
D. If amend	ing any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	_
elektrichen (
Dated	June 28 /2	pp11 //.	
Dated		er or authorized representative of a member	
		Ted Hollander	
	Туре	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00