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SEGRE FRY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER SEP 2 8 2010

COVER LETTER

TO:

	tion Section · ' of Corporations		
SUBJECT:	The 3D Fi	oor Plan Man, LLC	
30bjec1		nited Liability Company	
	1		
The enclosed Arti	cles of Amendment and fee(s) are s	ubmitted for filing.	ن
Please return all correspondence concerning this matte		er to the following:	FIL 2010 SEP 27 SECRETARY PALLAHASSI
		Paul Evans	ASSE 27
		Name of Person	
The		e 3D Floor Plan Man, LLC	PH 3: 52 OF STATE OF LORHO
		Firm/Company	52 DA
14004 Roosevelt Blvd, Ste 60		4 Roosevelt Blvd, Ste 601H	
		Address	
		Clearwater, FL 33762	
		City/State and Zip Code	<u> </u>
	E-mail address	Imin@architechcad.com (to be used for future annual report notification)	
For further inform	nation concerning this matter, please	call:	
	Betty Welker	at (727) 346-6	3770
	Name of Person	Area Code & Daytime Teleph	one Number
Enclosed is a che	ck 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 AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Th	e 3D Floor Plan Man, LLo	<u>C</u>	
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document numberL1000009		September 17, 2010	2 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability company he	re:	
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		+
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on	<u> </u>	2010 SEP 27 PH 3: 57 ne name of the nev
Name of New Registered Agent:	ExportAction, LLC		
New Registered Office Address:	14004 Roosevelt Blvd, Ste	e 601H nter Florida street addr	ess
	Clearwater	, Florida	33762
	City	, Fiorida	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. Betty Welker.

Asst Secretary 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> Name Address Type of Action MGR Paul Evens ☐ Add Conniston House, 19 Daryl Rd, Heswall, WI, CH60 5RD UK ∇ Remove MGRM Paul Evans Conniston House, 19 Daryl Rd, Heswall 7 Add Wirral CH60 5RD Remove United Kingdom ____ □ Add Remove Add Remove ∃Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article III - The purpose for which this Limited Liability Company is organized is: Any and all lawful business for which a limited liability company may be organized under the laws of the State of Florida. September 24 Signature of a member or authorized representative of a member Betty Welker, Authorized Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00