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EXAMINER

APR 8 2011

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:		NT DESIGNS, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
		JOSEPH VALZ		
	Name of Person			
	PROFESSIONAL F	FINANCIAL SERVICES & AS	SOC., INC	
		Firm/Company 710 94TH AVE NO		
		Address		
	SUITE #302 City/State and Zip Code ST PETERSBURG, FLORIDA 33702			
	E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please	call:		
JOSEPH VALZ		at (77-9602	
Name of Person		Area Code & Daytime T	elephone 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 encl	
MAILING ADDRESS:		STREET/COURIE	R 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

FILED 11 APR -6 PM 12:

EMERGENT D				
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL10000130447	were filed on _DECEMBER 22, 2010 and assign			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbr			
Enter new principal offices address, if applicable:	22047 US HIGHWAY 19 NORTH			
(Principal office address MUST BE A STREET ADDRESS)				
	CLEARWATER, FL 33765			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
The state of the s				
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this docume 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of ☐ Add Remo ☐ Add Remo ☐ Add Remo ∏Add Remo \square Add Remov ∏Add Remov D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **APRIL 4** 2011 Dated Signature of a member of authorized representative of a member MARSHALL E. FRYMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00