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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. CLINE
JUL 19 2011
EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor	ection porations			
SUBJE	ct: <u>Seg</u>	Name of Lim	OF SICINS LI	_(
The enc	losed Articles of	Amendment and fec(s) are sul	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Sher	Name of Person	ns_	
		Segrid	Allen Design	ns, llc	
		(013 I	XOCA LAYPE		
		Porton Shon E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
For furt	her information c	concerning this matter, please of	call:	OF STATE E. FLORIDA	
9	PN CO	Person	at (954) 797 - 9 Area Code & Daytime T		
Enclose	d is a check for the	ne following amount:			
□ \$25.	00 Filing Fce	\$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 enclo	osed)

MAILING ADDRESS:

TO:

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

0 1

(Name of the Limited Liability C	Company as it now annea	rs on our records)				
(A Florida Lin	mited Liability Company)	is on our records.				
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 110000</u> <u>99</u>	mpany were filed on	3/10/11	and a	assigned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :				
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation	"LLC" or th	e abbreviation		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	<u> </u>					
	and the second		PSE E	<u> </u>		
			RET AHA	T		
Enter new mailing address, if applicable:			AR a	- T		
(Mailing address MAY BE A POST OFFICE BOX)						
			<u> </u>			
			ATE RIDA	9		
B. If amending the registered agent and/or register	red office address on a ess here:	our records, <u>enter</u>	the name	of the new		
Name of New Registered Agent:	<u></u>					
New Registered Office Address:						
	En	ter Florida street ad	treet address			
-		, Florida _				
	City		Zip Co	ode		
New Registered Agent's Signature, if changing Registered Agent's	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> Name_e Address Shannan Williams ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00