Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone Fax Number : (305)416-6800 : (305)416-6811

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERVENCION DESIGNS, LLC

Certificate of Status	0
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OCT - 4 2011 EXAMINER

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COVER LETTER

	ration Section on of Corporations	
SUBJECT:	Inter	vencion Designs, LLC
Source: _	·	of Limited Liability Company
The enclosed A	. rticles of Amendment and fee(s)	are submitted for filing.
Please return all	correspondence concerning this	s matter to the following:
		Diane M. Hernandez
		Name of Person
Adams Gallinar, P.A.		
Firm/Company		Firm/Company
	1000 Brickell Avenue, Suite 300	
		Address
		Miami, Florida 33131
	**************************************	City/State and Zip Code
	E-mail ac	dhernandez@agilaw.com Idress: (to be used for future annual report notification)
For further info	rmation concerning this matter, p	
	Diane M. Hernandez	at (305) 416-6800 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Dayume Telephone Number
Enclosed is a ch	eck for the following amount:	
₹ 25.00 Fiting	g Fee \$30.00 Filing Fee Certificate of Se	
	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 Taliahassee, FL 32301

09/30/2011 17:01

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
**U.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **PROPRIED TO SERVICE ADDRESS ASTREET ASTREET ADDRESS ASTREET AST	
(Principal office address MUST BE A STREET ADDRESS)	 stion
CRETAR LAHASS	
AASS AASS	_
ASS 3	
Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	[] -
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:	new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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

MGR = Manager

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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:

MGRM = Managing Member Address Type of Action <u>Title</u> <u>Name</u> MGR Georgie Dangond Add Remove 1000 Brickell Avenue Suite 300 Miami, Florida 33131 DbA 🔲 Remove Add 🔲 Remove □Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 30 Dated Signature of a melaber or authorized representative of a member Robert R. Adams, Authorized Signatory

Typed or printed name of signes Page 2 of 2

Filing Fee: \$25.00