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SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		*	6. 20	(;	-14.0 6	*
SUBJE	CT. SoFlo Home	Des	ity Company	LL	<u>C. </u>		
The en	closed Articles of Amendment and fee(s) are	e submitted for	filing.				
Please	return all correspondence concerning this ma	atter to the foll	owing:				
	EDIK	WIEN	-HULTE	=b2			
	SOFI	o Hor	ne De	esign)		
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	WPB, FO	City/Stat	3407 e and Zip Code		,		
	EDIKO S E-mail addre	OF 10 H	OMED (or future annual re	ESIGA eport notificat	I, COM	J	
For fur	her information concerning this matter, plea	ase call:					
2_	DIK WIETHOLTER Name of Person	at	SOL, 41 Area Code	L o C & Daytime To)697 elephone Number	<u>.</u>	
Enclose	d is a check for the following amount:						
\$25	00 Filing Fee \$\times S30.00 Filing Fee & Certificate of Statu	ıs Ce	00 Filing Fee & rtified Copy Iditional copy is		Certified	ite of Status &	sed)

MAILING ADDRESS:

5. T • ,

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

ed Liability Company as if now appea (A Florida Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number _ This amendment is submitted to amend the following: 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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	<u>Address</u>	Type of Action
MGRA	1 Jamie Janso	1801 N Flagler de #934 WRB, FL 33407	Add Remove
	_		Add Remove
			Add Remove
•			AddRemove
			Add Remove
** 515 - 1 - 1 - 1			Add Remove
D. If a	mending any other information, e	nter change(s) here: (Attach additional sheets, if nece	essary.)
	Basically, I am	submiting this paperus litional Managing Memb	CK to
	La SOFICHOLO	EDESIGN LLC HOC NO.	2-1
	is Jamie Tube	EDESIGN U.C. Her name	1
	Source Said	on as sparry assists	
Dated_	December 27		
	EPIK WIETHOU	of a member or authorized representative of a member HOTER Typed or printed name of signee	when
	SPIK WIET	HOLLER	
		Typed or printed name of signee	

Page 2 of 2

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