## L11000126410

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12 JAN 11 AN 10: 51 SECRETARY OF STATE

N. Guillean JAN 1 2 2012

## **COVER LETTER**

TO: Regist Divisi	tration Section on of Corporations		•	e Postal	
SUBJECT:	K.W. COW	LES DESIGN	CENTER, LLO		
	Nam	e of Limited Liability	Company		
The enclosed A	rticles of Amendment and fee(	s) are submitted for f	iling.		
Please return al	l correspondence concerning th	nis matter to the follow	wing:		
			W. Cowles		
	<del></del>	Name	of Person		
			ES DESIGN		
		rimize	Company		
			DAVIS HWY. #3		
				•	
		City/State	n, FL. 32514	40,71	
	Dominion to the control of the second			AME COLOR	
m e 4 ' e		address: (to be used for	future annual report noti	ication)	
ror further into	rmation concerning this matter	, please call:			
	Katheryn W. Cowles Name of Person	at (_	850 )	607-2615	
	Name of Person	•	Area Code & Daytin	ne Telephone Number	
Enclosed is a ch	neck for the following amount:				
\$25.00 Filin	g Fee \$30.00 Filing Fe Certificate of	Status Certi	Filing Fee & fied Copy tional copy is enclosed	\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corrallahassee, FL 32	enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JAN 11 AM 10: 51

K.W. COWLES DESIGN CENTER, LLGECRETARY OF STATE (Name of the Limited Liability Company as it now appears on obdrecastles) SEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	lity Company were filed onN	Overliber 4,2011 and assigned		
Florida document numberL1100012641	<u>0</u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here	•		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compan	y," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	X)			
	<del></del> -			
B. If amending the registered agent and/or i	•	ir 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			
_		, 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 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 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							
Title	Name	Address	Type of Action				
MGRM	Amy K Schunpp	8826 North Davis Hwy. #3 Pensacola, Fl. 32514	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.), ALLAHAS	FILED 12 JAN 11 AN 10: 51				
Dated	November, 21 , 201	<u>1</u>					
	HA						
-	-	r authorized representative of a member	* ************************************				
-	Kath Typed or	eryn W. Cowles r printed name of signee					

Page 2 of 2

Filing Fee: \$25.00