

L11 000 139677

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. B. B. MAR 31 2015

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15 MAR 12 AM 10:17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EES Design LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric E. Small

Name of Person

EES Design LLC

Firm/Company

2801 NW 55th Ct. Bldg. 6W

Address

Ft Lauderdale, FL 33309

City/State and Zip Code

eric@eesconcepts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Small

Name of Person

at (646) 388-0899

Area Code

Daytime Telephone 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 enclosed)

### 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  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

EES Design LLC

(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 12/13/2011 and assigned Florida document number L11000139677.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

2801 NW 55th Ct Bld. 6W  
Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

← SAME AS ABOVE →

**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:

Eric E. Small

New Registered Office Address:

1113 Avocado Isle

Enter Florida street address

Fort Lauderdale

City

, Florida

33309  
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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>1 MGR</u>	<u>Eric Small</u>	<u>1113 Avocado Isle, Fort Lauderdale, FL 33315</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Maxanne Loew</u>	<u>1113 Avocado Isle, Fort Lauderdale, FL 33315</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>* Pres.</u>	<u>Eric Small</u>		<input type="checkbox"/> Add
		<u>1113 Avocado Isle, Fort Lauderdale, FL 33315</u>	<input checked="" type="checkbox"/> Remove
<u>* Partner</u>	<u>Maxanne Loew</u>		<input type="checkbox"/> Add
		<u>1113 Avocado Isle, Fort Lauderdale, FL 33315</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

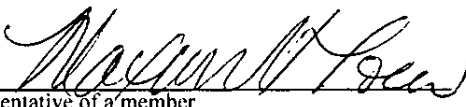
Dated 3/9/15, \_\_\_\_\_



Signature of a member or authorized representative of a member

Eric Small

Typed or printed name of signee



Maxanne H. Loew

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Filing Fee: \$25.00

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