

L12000069801 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

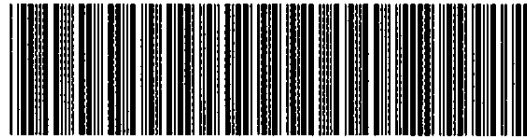
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 21 2012
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **CID 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:

Barbara Zella

Name of Person

CID Design LLC

Firm/Company

1876 Trade Center Way

Address

Naples, FL 34109

City/State and Zip Code

barbzella@conceptsidd.com

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

For further information concerning this matter, please call:

Barbara Zella

Name of Person

at **239 495-3806**

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CID 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 5/23/12 and assigned
Florida document number L12000069801.

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)

1876 Trade Center Way

Naples, FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1876 Trade Center way

Naples, FL 34109

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:

1876 Trade Center Way

Enter Florida street address

Naples

City

, Florida 34109

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Barbara Zella	1876 Trade Center Way Naples, FL 34109	☒ Add ☐ Remove
MGRM	William Pope	4100 LEGENDARY DRIVE, SUITE 240 DESTIN FL 32541	☒ Add ☐ Remove
MGRM	Robert M. Zella	P.O. BOX 840 CHESTERLAND OH 44026	☐ Add ☒ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

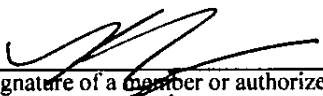
ALL ASSETS: FLORIDA

12 NOV 20 PM 5:51
Add
Remove
Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADDRESS "COVER PAGE"

Dated 11/15/12, _____



Signature of a member or authorized representative of a member

Margaret A. Zella

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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