

10/21/2012 19:47

239-939-2280

COSTELLO ROYSTON LLC

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H12000254160 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA  
Account Number : 120070000104  
Phone : (239) 939-2222  
Fax Number : (239) 939-2280

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

Email Address: FRANK@LAWCRW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DUTCH DESIGN, LLC

Certificate of Status	0
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STATE OF FLORIDA  
TALLAHASSEE

12 OCT 22 AM 8:54

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B. BOSTICK

OCT 23 2012

1412000254160 3  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**DUTCH 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 9/19/2012 and assigned  
Florida document number L12000119950

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)

5485 ENTERPRISE PKWY

FORT MYERS, FL 33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5485 ENTERPRISE PKWY

FORT MYERS, FL 33905

**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

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 Changing Registered Agent, Signature of New Registered Agent

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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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	JOHN WICKER		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 22 AM 8:54

Dated OCTOBER 21, 2012

Signature of a member or authorized representative of a member

JOHN M. WICKER

Typed or printed name of signer

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