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2019 APR -3 AMII: 50 SEGRETARY OF STATE

APR 04 2013 D. BRUCE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Peh	ta Design Arts Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jack	W. Scott Name of Person	
	- Penta D	esign Arts LLC Firm/Company	
	12-2 11	illing Company	
	1700 WI	Ikinson St. Address	
	Orlande	0, FL 32803	2013 APR Segreta Allaha
	JWScott	City/State and Zip Code City/State and Zip Code City/State and Zip Code Die used for future annual report notification	ASSEE
For further information c	E-mail address: (to oncerning this matter, please ca		OF STATE
Jack S	Cott	at(407)_896-76	69
Name o	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Design Arts L	·LC
(<u>Name of the Limited Li</u> (A Fl	ability Combany as it now appears on o orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET .	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		SECRE APR-
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the new
registered agent and/or the new registered offic	ce address here:	, 0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
	City	, Florida 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>	Name	Address	Type of Action
MGRM	Jack W. Scott	1300 Wilkinson St.	Add
·		Orlando, FL 32803	Remove
			Add
			Remove
			Add
		Ä.	Remove
		FLORIDA	2019 APR -33 A
		LORIDA	A Remove
			Add
		49	Remove
			Add
		——————————————————————————————————————	Remove

April 1	, 2013
	April 1

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Filing Fee: \$25.00

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SECHETARY OF STATE