## 413000067816

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2013

BENJAMIN LISS 1824 HARBOUR INLET DR. FT. LAUDERDALE, FL 33316

SUBJECT: INTERNATIONAL CREATIVE DESIGNS, LLC

Ref. Number: L13000067816

We have received your document for INTERNATIONAL CREATIVE DESIGNS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 513A00027269

## COVER LETTER

TO? Registration Section

**Division of Corporations** 

T. International Creative Designs, 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:

Benjamin Liss

Name of Person

Home Living Designs, LLC

Firm/Company

1824 Harbour Inlet Dr

Address

Ft Lauderdale, FL 33316

City/State and Zip Code

HomeLivingDesigns@yahoo.com

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

For further information concerning this matter, please call:

Benjamin Liss

<sub>4</sub>,954,347-2646

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Creative Des			
(Name of the Limiter	Liability Compa A Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number <u>L13000067816</u>	iability Company	were filed on <u>5/8/13</u>	and assigned
This amendment is submitted to amend the fol	lowi <b>n</b> g:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
Home Living Designs, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if appli-	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		29
			2 A T
			(0 t
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		717
			i do
B. If amending the registered agent and registered agent and/or the new registered of	•		ords, enter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Flor	ida 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

MGKM = N	Nanaging Member		
<u>Title</u>	Name	<u>Address</u> <u>T</u>	ype of Action
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If amending any other information	n, enter change(s) here: (Attach additiona	ıl sheets, if necessary.)
<sub>ed</sub> November 15,	2013	
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Signati	be of a member or authorized representative o	of a member
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	
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