

2/10/2015

Division of Corporations

L13000095466

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000034497 3)))



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To:

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

From:

Account Name : GILMAN CIOCIA INC.
Account Number : 120120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

FILED
15 FEB 10 PM 1:20
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

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

Email Address: Steven.levy@gtax.com

RECEIVED
15 FEB 10 AM 10:00
BUREAU OF CORPORATIONS
INVESTMENT SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D.N. ADVANCED DESIGNS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D.N. ADVANCED DESIGNS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 FEB 10 PM 1:20
JULIUS ROBERT STATE
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on JULY 3, 2013 and assigned
Florida document number L13000095466

This amendment is submitted to amend the following:

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

Merdinger House of Design LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

H150000344973

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add

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☐ Remove

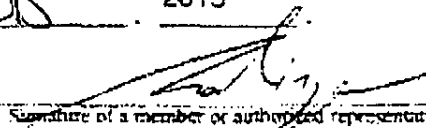
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 Feb. 10, 2015 2015


Signature of a member or authorized representative of a member

Doron Merdingor, Manager

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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