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(Ac	ddress)	
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(C	ity/State/Zip/Phone	e #)
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(D	ocument Number)	
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EP -9 PM 12: 0

K. SALY EXAMINER

SEP 1 0 2013



IDM SERVICE COMPANY			
ACCOUNT NO.	:]	2000000019	95
REFERENCE	: 7	71993	7953048
AUTHORIZATION	: (Lanell Re	7
COST LIMIT	: \$	(25,00	erac
ORDER DATE : August 21, 2013			
ORDER TIME : 2:52 PM			
ORDER NO. : 771993-011			
CUSTOMER NO: 7953048			
DOMESTIC AM NAME: ELLIS DESIGN & SERVICES, PLLC	DRAF		
EFFECTIVE DATE:			
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO	RPORA	TION	
PLEASE RETURN THE FOLLOWING AS	PROOF	OF FILING	:
CERTIFIED COPY YX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	NDING	}	
CONTACT PERSON: Susie Knight -	- EXI	# 52956	

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 SEP -9 PM 12: 00

GEORGIARY OF STATE
FALLAHASSEE, FLORIDA

ELLIS DESIGN & DRAFTING SERVICES, PLLC

(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 Co	ompany were filed on 08/22/201	and assigned
Florida document number L13000118858	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
ELLIS DESIGN & DRAFTING SERVICES, LLC		
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
100000000000000000000000000000000000000	·	

B. If amending the registered agent and/or registered agent and/or the new registered office addresses		cords, enter the name of the new
registered agent and/or the new registered office address	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
·	····	_, Florida Zip Code
	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

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 = Manag MGRM = Mar	ger laging Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			<u> </u>
			Add
			Remove
			Add
			Remove
			_
. <u></u>			Add
			Remove
			- -
			Add
			Remove
		,	-
			Add
			Remove

_				
	September io	2013		
	· - · · · · · · · · · · · · · · · · · ·		orized representative of a member	

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Filing Fee: \$25.00