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J. SAULSBERRY EXAMINER OCT 2 1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

_ LMO Design 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:

	Yelena Mechsheryakova	
	Name of Person	
	LMO Design LLC	
	Firm/Company	
	7614 Gramercy Dr.	
	Address	
	Orlando FL. 32818	
	City/State and Zip Code	
	lmodesigngroup@gmail.com	, , , , , , , , , , , , , , , , , , ,
	E-mail address: (to be used for future annual report notification)	
For further information co	ncerning this matter, please call:	
Ngozi Okon	mah 305 632-4006	
Name of		umber

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

LMO Design LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000142580		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
LMO Design Group LLC.		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7614 Gramercy Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL. 32818	2013
		-
Enter new mailing address, if applicable:	7614 Gramercy Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL. 32818	
		No.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Floric	ia
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> Name **Address** Remove Remove Remove Remove

	rmation, enter change(s) here: (Attach additional sheets, if necessary.) The changing the name of the LLC from
LMO Desig	n LLC. to LMO Design Group LLC.
Dated October 16	2013
	dup
Yelene Mech	Signature of a member or authorized representative of a member
1 CICHE MICH	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00