# L13000150819

(	Requestor's Name)
(	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



000275214000

07/27/15--01017--008 \*\*25.00



JUL 28 2015

8 MASON

## Judson Whitehorn 1855 Crafton Road North Palm Beach, FL 33408 judwhitehorn@gmail.com

July 23, 2015

Registration Section Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Corporate Name Change

Dear Sir/Madam:

This letter follows a call I placed to your office this morning, wherein I confirmed that the name Prime Design, LLC is available for our use as a Florida limited liability corporation. Accordingly, I have enclosed my check for \$25.00, along with the appropriate paperwork, to formally change our corporate name, as follows:

Current Name: NW Design, LLC

New Name: Prime Design, LLC

Please process this request as soon as possible. Thank you – we anxiously await your confirmation.

Sincerely,

Jud Whitehorn

cc: Nicole Whitehorn

# **COVER LETTER**

	Registration Sec Division of Corp			
SHDIEC	NW Design	, LLC		
SUBJEC		Name of Lim	nited Liability Company	<u> </u>
		Amendment and fee(s) are sub	_	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
	:	Judson Whitchorn		
			Name of Person	
			Firm/Company	
		1855 Crafton Road		
			Address	_ <del></del>
		North Palm Beach, FL 334	108	
			City/State and Zip Code	<u> </u>
	•	judwhitehorn@gmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For furthe	er information co	ncerning this matter, please ca	all:	
Judson W	/hitehorn		561 531-9477	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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:

TO:

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**

(Name of the Limited Liability Company as it (A Florida Limited Liability)  The Articles of Organization for this Limited Liability Company were for a company and a company were for a	filed on October 21, 2013 and assigned ompany here:
Florida document number L13000150879  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability corprime Design, LLC  The new name must be distinguishable and contain the words "Limited Liability Contenter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	ompany here:
A. If amending name, enter the new name of the limited liability corprise Design, LLC The new name must be distinguishable and contain the words "Limited Liability Contenter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	<del></del>
Prime Design, LLC  the new name must be distinguishable and contain the words "Limited Liability Contain new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Conternew mailing address, if applicable:	<del></del>
The new name must be distinguishable and contain the words "Limited Liability Conter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Chter new mailing address, if applicable:	npany," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	npany," the designation "L.L.C" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
3. If amending the registered agent and/or registered office a egistered agent and/or the new registered office address here:	ddress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address, Florida

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\*

Þ

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jud Whitehorn		Add
			■ Remove
	· •		☐ Change
MGR	Judson Whitehorn	1855 Crafton Road	Add
		North Palm Beach, FL 33408	Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

In the section above, we are simp	oly changing Jud Whitehorn	as MGRM to Judson	Whitehorn as MG	R.
	<del></del>	<del></del>		
· · · · · · · · · · · · · · · · · · ·				
:				
			<del></del>	
			<del></del>	<del></del> _
		<del></del>	<u> </u>	
				<u> </u>
<u> </u>				
tive date, if other than the dat fective date is listed, the date must be	e of filing:		(optional)	
If the date inserted in this block	does not meet the applicable	e statutory filing requir	ements, this date v	Pursuant to 605 will not be liste
nent's effective date on the Depar	tment of State's records.			
cord specifies a delayed eff	fective date, but not a	n effective time a	ıt 12∙01 a.m. o	on the earlie
90th day after the record	is filed.			VII CITE COITE
		Λ Δ Δ		
July 23	2015	1 1 1 -4-		
July 23	, 2015		)	
· · · · · · · · · · · · · · · · · · ·	Julai	tillh_		2515
· · · · · · · · · · · · · · · · · · ·	nature of a member or authorize	d representative of a mer	mber	23
· <del></del>	Julai	od representative of a men	mber	2215 JUL 2

Filing Fee: \$25.00