# #L14000051993

(Re	equestor's Name)	
(Ac	ldress)	
,		
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(D)		
(DC	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Eiling Officer:	
Special instructions to	r imig Onicer.	

Office Use Only



300263387463

08/25/14--01027--020 \*\*30.00

ZEIN AUG 25 AM II: 51

K. SALY EXAMINER 0 2014

# COVER LETTER

• • • • • • • • • • • • • • • • • • •
TO: Registration Section Division of Corporations
SUBJECT: DESIGNAL 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:
MARLEEN CLAUS  Name of Person
CLAUSET BOUTIQUE LLC
CLAUSET BOUTIQUE LLC Firm/Company  103 South US Highway one, suite F3
Jupiter FL 33 477 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARLEEN CLAUS at (561) 232-8693  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

2014 AUG 25 AM 11:51

TATLAHASSIE, FLORIDA

Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14 000 5199</u> 3	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	103 South US Highway 1 Suite F3 Jupiter, FL, 33477
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of 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

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 = AMBR =	Manager  Authorized Member			2811 41	ED
<u>Title</u>	<u>Name</u>	· · · · · · · · · · · · · · · · · · ·	<u>Address</u>	SLAME MAY I	AMII: 5 Type of Action  OF STAIL FLOOMER - Add
					☐ Remove
	<del></del>				Add
					Remove
					□ Add
					Remove
******	<u> </u>				Add
					☐ Remove
		-			Add
			***************************************		Remove
					Add
					□ Remove

· · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·
<del>.</del>		
Effective date, if o	other than the date of filing:  It be specific, cannot be prior to date of receipt or file  A file that the Florida Property of Country of the file of	d date and cannot be more than 90 days after
the date this documen	t is filed by the Florida Department of State)	
the date this documen	•	<b>L</b> .
the date this documen	just 22 nd, 2014	
the date this documen	just 22 nd, 2014	ized representative of a member
the date this documen	Signature of a member or author	•

Page 3 of 3

Filing Fee: \$25.00