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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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> COVER LETTER

Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corp	orations		
SUBJECT:	AI DESIGN Name of Limi	1911110 LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	JACQUEL	NE P MEN	zel
	MAI DES	14N BUILD L	<u> </u>
	395 STA	N DRIVE, SUL	TEB
	WEST N	DELBOURNE,	<u>=1 32904</u>
	JOMENE E-mail address: (t	EL8426 C VA	HOO.COM
For further information co	oncerning this matter, please ca	ıll:	
JACQUE, Name of	INE P MEN	NZEd 321 288 Area Code Daytime	relephone Number
Enclosed is a check for th	e 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)
			7

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

MAI DESIGN	1 BUILD L	LC
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L/400060572</u>	npany were filed on <u>C</u>	04/11/2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de-	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
	, 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
·	•	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter the name of the new</u>
Navy Dagistared Office Address		
New Registered Office Address:	Enter Flori	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of 1 ent as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	If Changing Registered Age	nt, Signature of New Registered Agent
	Page 1 of 3	Av O

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHN H. RUMPEL	395 STAN DR, SUITE	8 □ Add
		WEST MELBOURNE FL	
		32904	
AMBR	DAVIDY MENZEL	395 STANDY, SVITE B	Add
		WEST MELBOURNE, FL	Remove
		32904	Change
			□ Remove
			Change
			□ Add
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