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(Re	equestor's Name)	
(Ac	ldress)	·
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Na	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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2015 NOV 30 PM 4: 52

K.SALY EXAMINER DEC -1 2015

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		DN DESIGN, L	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Le	Sylvame of Person	bell
	Lei	Shame of Person  The Sign  Firm/Company	
		7901 Colony	Circle gouth. Apt 20
		TAMARAC, f	-1. 33321
	leig E-mail address: k	City/State and Zip Code  Code	yahoo.cem
For further information of	oncerning this matter, please co	all:	
Name o	eighton Camp		9 9 4 9 1 0 e Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF O	RGANIZATION F// F
. 0	F 20/5 NO.
LEIGHTON	PRGANIZATION  F  20/5 NOV 30 PM 4: 52  The property of the seconds of the second secon
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/17/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	7901 Colony Circle South Apt 206 Tamarac, FI 33321
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
	Emer Fioriaa sireei aaaress

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = AMBR =	Manager Authorized Member		2015 NOV 30 PH 4: TAILAHASSEE FLORING	)
<u>Title</u>	<u>Name</u>	Address	20/5 NOV 30 PM 4:	<u>Type of Action</u> 5.৭
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Filing Fee: \$25.00