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LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 TAMIAMI TRAIL NORTH + 2ND FLOOR + NAPLES, FLORIDA 34103

October 20, 2017

VIA UPS GROUND

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Matter: - LLC Filing for Designer's Consignment Studio, LLC

File No. 17B-799

To Whom It May Concern:

For the above referenced matter enclosed please find:

- Check No. 1191 in the amount of \$60.00, representing payment for the Filing Fee, Certificate of Status, and Certified Copy;
- > Cover Letter for LLC; and
- > Articles of Amendment to the Articles of Organization for Design & Consign, LLC.

If you have any questions, please do not hesitate to contact our office. Thank you for allowing us to be of service to you.

Respectfully,

LAW OFFICE OF CONRAD WILLKOMM, P.A.

Desiree' A. Boissiere

Legal Assistant

Enclosures

COVER LETTER

Div	ision of Corpo	orations				
SUBJECT:	Design & Co	nsign, LLC				
oebole 1.		Name of Limit	ed Liability Company			
The enclosed	f Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return	all correspond	lence concerning this matter to	o the following:			
		Amber R. Mondock, Esq.				
			Name of Person			
Law Office of Conrad Willkomm, P.A.						
Firm/Company						
	3201 Tamiami Trail N., 2nd Floor					
			Address			
		Naples, FL 34103				
			City/State and Zip Code			
		conrad@swfloridalaw.com				
		E-mail address: (to	be used for future annual report notified	ation)		
For further in	nformation con	cerning this matter, please cal	l:			
Amber R. M	ondock, Esq.		239 262-5303			
Name of Person			at ()	elephone Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling 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

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



Design & Consign, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Piolida Li	inted Liability Company)	γ_{ij}
The Articles of Organization for this Limited Liability Con	npany were filed on 06/30/2017	and assigned
Florida document number L17000141787		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
Designer's Consignment Studio, LLC	, <u>, , , , , , , , , , , , , , , , , , </u>	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	55)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
-		
	-	
B. If amending the registered agent and/or register		nter the name of the nev
registered agent and/or the new registered office addres	s here:	
N ON B		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and comprovisions of all statutes relative to the proper and comprocept the obligations of my position as registered agentieing filed to merely reflect a change in the registered of	plete performance of my duties, and I et as provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is
company has been notified in writing of this change.	<u>, </u>	· · · · · · · · · · · · · · · ·

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma AMBR = Au	unager uthorized Member		2017 OCT 24 AM 10: 55 Type of A	
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an effective date is listed ote: If the date insert	t, the date must be speci ted in this block does	tic and cannot be prior inot meet the applic	to date of filing or more that able statutory filing req	ian 90 days after filing.) I uirements, this date w	² ursuant to 605.0207 ill not be listed as
ocument's effective d	ate on the Departmen	it of State's records.	·	anement, the tate w	m not be nated u.
record specifies	a delayed effect	ive date, but no	t an effective time	, at 12:01 a.m. or	n the earlier o
The 90th day aft	er the record is f	iled.		•	
October 20		2017			
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Page 3 of 3

Typed or printed name of signee