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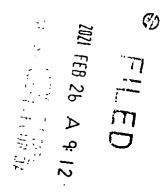
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COVER LETTER

Division of Corporations
SUBJECT: NES LIVING DESIGN 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:
D2LEM (PRAST) DZAR Name of Person
NES LIVING DESIGN LLC
1395 NW 17. AUE STE AOA
Delray Beach, Florish 33445 City/State and Zip Code
E-mail address: (to be used for inture annual report notification)
For further information concerning this matter, please call:
O2 LEM D2AR at (561) 631-7451 Name of Person Area Code Daytime Telephone Number
The cited Transmit Temperature
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certificate \text{Opy} \text{ Certificate of Status \& Certificate Copy} \text{ Certified Copy} \text{ (additional copy is enclosed)} \$\Bigcup \$30.00 \text{Filing Fee \& \Bigcup \$60.00 \text{Filing Fee, Certificate of Status \& Certificate \text{Opy} \text{ (additional copy is enclosed)}}

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEC I HUNG DECKN 11 C

(Name of the Limited Linkil		an magazide)
(A Florid	ity Company as it now appears on or la Limited Liability Company)	ar recorus.)
The Articles of Organization for this Limited Liability of Florida document number \(\bigcup 2 \lambda 00000 2 \)	Company were filed on 12	22/2000 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<i>(2)</i>
		FB 2
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		5-: 1
New Registered Office Address:	Enter Florida stri	eet address
	13100 1 101144 311	
	City	Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DZUEM PRAST	1395 NW 17 AUE	🗆 🗅 Add
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		Florida 33445	
AMBR	OZLEM OZAR	1395 NW 17 AUE	_Oxdd
		STE LON Delroy Bear	∐ □Remove
		STE NON Delroy Bear Florida 33445	Change
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Tective date, if other than the date of filing:	

Filing Fee: \$25.00