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SECRETARY OF STATE
ANASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Eastbeach Designs, LLC				
(Name of Foreign Limited Liability Company)				
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Emily Merrill				
(Name of Person)				
Watkins Ludlam Winter & Stennis, P.A. (Firm/Company)				
P.O. Box 427				
(Address)				
Jackson, MS 39205-0427				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Emily Merrilll at (601) 949-4715				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\sum \$				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	. Name of limited liability company as it appears on the records of the Florida Departme State: Eastbeach Designs, LLC	nt of	
2.	. Jurisdiction of its organization: Mississippi		
3.	. Date authorized to do business in Florida: February 22, 2000	SECRET	O6 JUL
	SECTION II (4-7 complete only the applicable changes)	ASSEE, FLO	-5 KHIZ
4.	. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? <u>June 19, 2006</u> .	ORIDA	97
5.	New name of the limited liability company: simple elements, llc	•	
6.	. If the amendment changes the period of duration, indicate new period of duration:		
7.	. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
8.	. If the amendment corrects any false statement, indicate the statement being correcte and the correction:	d	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementic amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member		
	T. Roe Frazer II, Member Typed or printed name of signee		

Filing Fee: \$25.00

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

SIMPLE ELEMENTS LLC

Business ID: 681578

The attached 3 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 27th day of June, 2006.

SECRETARY OF STATE P.O. Box 136 Jackson, MS 39205 (601) 359-1633

Eric Clark

Eric Clark Secretary of State

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Certification Number: 8068631-1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify

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Business ID: 681578 Date Filed: 06/19/2006 05:00 PM Eric Clark Secretary of State

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P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Certificate of Amendment

The undersigned corporation, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following Certificate of Amendment and sets forth:

1. Name of the Limited Liability Company Eastbeach Designs, LLC 2. The future effective date is (Complete if applicable) 3. The amendment to the certificate is as follows Article 1 of the Certificate of Formation is hereby amended as follows: Name of the Limited Liability Company: "simple elements llc" Ву: (Please keep writing within blocks) Signature Printed Name Title T. Roe Frazer II Member Street and Mailing Address Physical 26 Falmouth Lane Address P.O. Box 611582 City, State, ZIP5, ZIP4 FL Rosemary Beach 32461 -

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Certificate of Amendment

By: Signature		(Please keep writing within blocks)				
Printed Name		Title				
Street and Mailing Address						
Physical Address						
P.O. Box						
City, State, ZIP5, ZIP6		-				