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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Examels Entry Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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10/24/17--01027--018 **25.00

SEE PLORIDA

COVER LETTER

| | ision of Corp | | | |
|----------------|-----------------|---|---|---|
| SUBJECT: | | DESIGNS LLC | | |
| SUBJECT. | - | Name of Lim | ited Liability Company | |
| The enclosed | I Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | Cynthia Douglas-Smith | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | P.O. Box 17121 | | |
| | | | Address | |
| | | Plantation, FL. 33318 | | |
| | | cynthialdouglas@hotmail.c | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in | nformation co | ncerning this matter, please ca | all: | |
| Cynthia Dou | iglas-Smith | | 954 559-7424 at () Area Code Daytime | |
| | Name of | Person | Area Code Daytimo | e Telephone Number |
| Enclosed is a | i check for the | e following amount: | | |
| ■ \$25.00 F | 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

HERRING DESIGNS LLC

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

(A Florida Limited Liability Company)

| Liability Company) |
|--|
| were filed on 10/13/2017 and assigned |
| |
| ility company here: |
| |
| lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| 5223 W Dixie Highway Suite #D2 |
| Oakland Park, FL |
| Shin 3333 c/ |
| P.O. Box 17121 Plantation, FL. |
| 33318 |
| Enter Florida street address Cay Cay Cay Enter Storida Florida Florida Florida Florida Florida Florida Florida Florida |
| |

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 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 = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|-----------------------|----------------|
| AMBR/M | Cynthia Douglas-Smith | 7486 NW 34th street | <u></u> ■ Add |
| | | Lauderhill, Fl. 33319 | ☐ Remove |
| | | | Change |
| AMBR | Imani Smith | 5332 NW 92nd Ave. | Add |
| | | Sunrise, FL. 33351 | ■ Remove |
| | | | ☐ Change |
| AMBR | Kaleb Smith | 5332 NW 92nd Ave. | 🗖 Add |
| | | Sunrise, FL 33351 | ■ Remove |
| | | | ☐ Change |
| AMBR | Lenton Herring | 3300 Dogwood Dr. | □ Add |
| | | Atlanta Ga. 30354 | ■ Remove |
| | | | Change |
| AMBR | | | □ Add |
| | | - | ☐ Remove |
| | | | Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

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| | | | | 10/18/201 | 7 | | | | | | |
| Effectiv | re date, if other to | han the date (| of filing: | | | tiling or mo | n thun 90 de | (optional | l) a.) Puesnar | st to 60 | 5 0 202 1 |
| Note: I | f the date inserted | in this block do | es not me | et the appl | icable statu | ttory filing | requiremen | nts, this dat | e will not | be list | ted as t |
| docume | nt's effective date | on the Departm | ent of Sta | te's record | s. | | | | | | |
| | | | | | | | | | | | |
| | ord specifies a | | | te, but n | ot an eff | ective ti | me, at 12 | 2:01 a.m | . on the | earli | ier of |
| The | 90th day after | the record is | filed. | | | | | | | | |
| | 10/18/2017 | _ | | | | | | | | | |
| | 10/10/2017 | | · | | · | | | | | | |
| Dated _ | | | | | | | | | | | |
| Dated _ | Cilian | - 6/ | | 1 | | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00