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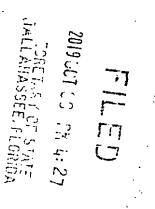
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ст: <u>Вау</u>	Designs, LLC Name of Limi	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspond	lence concerning this matter t	o the following:	
		Anae	Ferguson Name of Person	
		_	Designs, LLC Firm/Company	
			ndbrush Dr.	
		Tampa, f	1. 33625	
		anaetera De	1. 33625 City/State and Zip Code GMQI/COM be used for future annual report notif	fication)
For furt	her information cor	cerning this matter, please ca		
	Arme Fer	auson Lesson	at (<u>478</u>), <u>973 -</u> Area Code Daytimo	Le 70L
		<i>J</i>		
Enclose	d is a check for the			
□ \$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

<u>Bay Design</u>	5 LLC
(Name of the Limited Lial (A Flor	nility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	, ,
Florida document number <u>L19000091425</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
	any, LLC. For En
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re-	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office ac	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registe	City Zip Code
rew registered Agent's Signature, ii changing Kegiste	reu Agent.

ite with the parties of the action of the ac

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address Blyd	Type of Action
<u>AMBR</u>	Kelsee Nobles	Address 9000 Watson Blvd. Apt. 203 Byron, Ga. 31008	Ø⁄Add
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If an effective date Note: If the dat	is listed, the date e inserted in this	the date of filit must be specific at s block does not e Department of	nd cannot be pri meet the app	or to date of filin licable statutory	g or more than 90 filing requiren	(optional) days after filing.) tents, this date v	Pursuant to 605.020 /ill not be listed as
		yed effective record is filed		not an effect	ive time, at	12:01 a.m. c	n the earlier o
Dated			·				
		Ande Signature of a	fere.	word			
		1-0	- T-				

Page 3 of 3

Filing Fee: \$25.00