

L19000188032

Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850) 617-6383

## From:

Account Name : TRENAM, KENKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.  
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19-1187/DLH

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RETAIL SUCCESS FLORIDA LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

SEP 24 2019

M. SOLOMON

**BYDESIGN TECHNOLOGIES, INC.**

9503 Princess Palm Avenue  
Tampa, Florida 33619

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

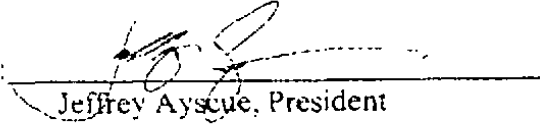
We hereby grant permission for the use of the name ByDesign Technologies, LLC.

Please contact the undersigned if you should require additional information.

Sincerely,

BYDESIGN TECHNOLOGIES, INC.

By:

  
Jeffrey Ayscue, President

Dated: September 23, 2019

RECEIVED

2019 SEP 23 PM 2:10

SEP 23 2019

2019 SEP 23 PM 2:55

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H19000284473 3)))

RETAIL SUCCESS FLORIDA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/22/2019 and assigned  
Florida document number L19000188032.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BYDESIGN TECHNOLOGIES LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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 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:

(((H19000284473 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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N/A

2019 SEP 23 Fri 2:55

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