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COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT: Design 52	5 LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Trevor L Davison		
		Name of Person	
	Design 525 LLC		
		Firm/Company	
	290 Ruby Lane 98	· · · · · · · · · · · · · · · · · · ·	
		Address	
	Ellijay GA 30540		
		City/State and Zip Code	
	trevorldavison@gmail.c	orn to be used for future annual rep	
		·	оон поинсацон)
For further information cor	ncerning this matter, please ca		_
Trevor L Davison		at (954)	668-655 Daytime Telephone Number
Name of I	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	□ \$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

Design 525 LLC (Name of the Limite)	d Liability Compa A Florida Limited I	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia			and assigned	
Florida document number L20000287382	J - 1		=======================================	
Piorida document number	·		120	
This amendment is submitted to amend the follow	이 전 전			
A 163:	aka limitad liaki	ilitu aamaman ka	22 15	
A. If amending name, enter the new name of	tne iimiteu iiab	iitty company ne	PARA DCT 22. PH	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the d	esignation "LLC" or the abbreviation "LA.C."	
Enter new principal offices address, if applica	ble:	7901 4th St	N	
(Principal office address MUST BE A STREET ADDRESS)		STE 300		
		St. Petersburg FL 33702		
		7901 4th St	· N	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>	STE 300		
		St. Petersbu	rg FL 33702	
B. If amending the registered agent and/o	or registered of	ffice address on	our records, enter the name of the new	
registered agent and/or the new registered off	ice address hen	<u>e</u> :		
Name of New Registered Agent:	Registered	l Agents Inc.		
Hame of How registered rigent.	7004 44 0	V N OTE OOS		
New Registered Office Address:	7901 4th S	t N STE 300		
			ida street address	
	St. Peterst	ourg	, Florida 33702	
		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 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>	Name	Address	Type of Action
MGR	Michele Vernett Earle	3661 Siena Lane Palm Harbor FL3468	Add
		3661 Siena Lane Palm Harbor FL3468	BRemoye
		·	∑odd ∑odd
			Remove
			Change
			Remove
			_□ Change
			Add
			_□ Removc
			Change
			_O Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			☐ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	PAZO OCT
	77 F F F F F F F F F F F F F F F F F F
Note: If t	date, if other than the date of filing: 10/18/2920 (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
If the recor (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	10th October 2000
	Mcm
	Signature of a member of authorized representative of a member THUGG L DAVISOR
	Typed or printed name of signee

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Filing Fee: \$25.00