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(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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F SUBJECT: _		Holdings, LLC			
SUBJECT: _			ited Liability Company		
The enclosed /	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspo	ondence concerning this matter	to the following:		
		Eules A Mills, Jr.			
			Name of Person		
		Mills Law Group P.A.			
			Firm/Company		
		2509 W. Gardner Ct.			••• 1
			Address		ر
		Tampa, FL 33611			
		 	City/State and Zip Code		-
		sethmills02@gmail.com			:
17 6ab in 6	·a•:		to be used for future annual report no	tification)	,
E.A. Seth Mil		oncerning this matter, please c	813 230-2391		
L.A. Seni wiii		cn	at (
	Name o	f Person	Area Code Daytit	me Telephone Number	
Enclosed is a c	check for th	ne following amount:			
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &
	ing Addres		Street Address:		
_	istration S sion of C	Section Corporations	Registration Se Division of Co		
P.O.	Box 632	2.7	The Centre of	-	
Talla	ahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hephzibah Holdings, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	sany were filed on 12/10/20	and assigned
Florida document number <u>L20000386949</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Parker Mills Designs LLC		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation '	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •	7)	252
<u>Principal office address MUST BE A STREET ADDRESS</u>)
		
		. •
Enter new mailing address, if applicable:	#	-1
Mailing address MAY BE A POST OFFICE BOX)		
		(D
3. If amending the registered agent and/or registered off igent and/or the new registered office address here:	ice address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 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 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
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			□Remove
			Change
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Typed or printed name of signee