

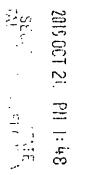
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

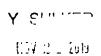
Office Use Only



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10/24/19--01013--018 **25.00





COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	Sharp Design Studio					
Name of Limited Liability Company						
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Donald Sharp				
Name of Person						
Sharp Design Studio, LLC						
Firm/Company						
12100 Race Track Rd. Suite Q1						
Tampa, FL 33626						
			City/State and Zip Code			
		dsharp@sharpdesignstudio.				
		E-mail address: (t	to be used for future annual report notif	fication)		
For further in	iformation coi	ncerning this matter, please ca	all:			
Donald Shar	р		813 408-8404			
Name of Person			at () Area Code Daytime	e Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	iling 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:

TO:

Registration Section

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

Sharp Design Studio		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our record- orida Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liabilit	y Company were filed on 07/31/2008	and assigned
Florida document number L08000073664	·	
This amendment is submitted to amend the following	o.	
A. If amending name, enter the new name of the	limited liability company here:	
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:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		2010 DCT 2:
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street addres:	
_	, Flo	orida
	•	•

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Michael Kramer	12100 Race Track Rd	_□ Add
		Suite Q1	
			Remove
		Tampa, FL 33626	☐ Change
			Remove
			Change
			DbA
			□ Remove
			Change
	•		Add
			Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change

ffective date, if other than the date of filing:	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. October 16 October 16 October 16 October 16 October 16					
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Page 3 of 3

Filing Fee: \$25.00