L11000073137

| (Req | luestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | lress) | |
| (Add | ress) | |
| (City. | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Dac | ument Number) |) |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



300326810063

03/29/19--01015--004 ++25.00

2019 MAR 25 PM 1: 34

APR 08 7019

COVER LETTER

| TO: Registration Sec Division of Corp | | • | | |
|--|--|---|------------------|--|
| | N REAL ESTATE SERVICES | LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | WHITNEY BREE MARTI | N | | |
| | | Name of Person | | |
| | BY DESIGN REAL ESTA | TE SERVICES LLC | | |
| | 118 W CENTRAL AVE | Firm/Company | | |
| | WINTER HAVEN, FL 338 | Address 380 | | |
| | bree@bydesignre.com | City/State and Zip Code | | |
| | E-mail address: (t | to be used for future annual report notific | ation) | 2019 1AL |
| For further information co | oncerning this matter, please ca | all: | | HAR AHA |
| WHITNEY MARTIN | | 863 207-8595 at () | | 23 1 |
| Name of | f Person | | Felephone Number | 100 - |
| Enclosed is a check for th | e following amount: | | | STATE OF THE STATE |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |

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

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

BY DESIGN REAL ESTATE SERVICES, LLC

| (A Florida Lim | ited Liability Company) | |
|---|---|---|
| The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{\text{L}11000073137}{\text{L}11000073137}$. | oany were filed on January 9th, 2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| 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 I | 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 ADDRESS | <u> </u> | 200 |
| | | 7.61 |
| | | 73 73 7 |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | 50 - 5 |
| | | <u> </u> |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | | nter the name of the new |
| | Enter Florida street address | |
| | , Florid | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | ent: | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | olete performance of my duties, and I as provided for in Chapter 605, F.S. | am familiar with and Or, if this document is |

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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------------|--|
| MGR | WHITNEY BREE MARTIN | 118 W CENTRAL AVE | |
| | | | Add |
| | | WINTER HAVEN, FL 33880 | |
| | | | □ Remove |
| | | | |
| | | | |
| MGR | RHONDA GAYLE MARTIN | 118 W CENTRAL AVE | |
| | | | Add |
| | | WINTER HAVEN, FL 33880 | |
| | | | Remove |
| | | | |
| | | | Change |
| | | | _ |
| | | | |
| | | | |
| | | □ Remove | |
| | | | Egy 2 |
| | | | Chaffee A |
| | | | SD Add |
| | | | [] |
| | | | Remove |
| | | | الإسبيمة" في المراث الم |
| | | | ⊕ Ghange |
| | | | |
| | | | |
| | | | |
| | | | Remove |
| | | | |
| | | | Change |
| | | | |
| | | | Add |
| | | | |
| | | | □ Remove |
| | | | |
| | | | Change |

| E. Effective date. If other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing requirements, this date will not be listed document's effective date in this block does not much the applicable statutory filing requirements, this date will not be listed document's effective date as delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed. Dated March 25th 2019 | | |
|---|--|-------------|
| | | |
| | | |
| | | |
| | <u> </u> | |
| | 77 FF | Ţ |
| | ්රී <u>ද</u> ් № 🕶 | |
| · · · · · · · · · · · · · · · · · · · | | ŗį, |
| <u></u> | 55 ± 5 | ```\ Tal |
| | <u> </u> | |
| | | |
| | | |
| in effective date is listed, the date must be specific and cannot be prior to date of filing | ng or more than 90 days after filing.) Pursuant to 605.0 | 020 |
| ote: If the date inserted in this block does not meet the applicable statutor | ry filing requirements, this date will not be listed | d as |
| | | |
| | tive time, at 12:01 a.m. on the earlie | rо |
| a A I amil | | |
| nted March 25th 2019 . | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee