# L110000073137

(Requestor's Name)
, ,
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### **COVER LETTER**

BY DESIC	IN REAL ESTATES SERVICE	ES LLC	
3000EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WHITNEY BREE MART	IN	
	BY DESIGN REAL ESTA	Name of Person ATES SERVICES LLC	<del></del>
	118 W CENTRAL AVE	Firm/Company	·
	WINTER HAVEN, FL 33	Address 880	<del></del>
	bree@bydesignre.com	City/State and Zip Code	
For further information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report notifull:	ication)
WHITNEY MARTIN		863 207-8595	
Name o	f Person	at () Area Code Daytimo	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing 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:

Registration Section Division of Corporations

TO:

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

( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L11000073137</u>	Company were filed on June 23rd.	, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
BY DESIGN REAL ESTATE SERVICES LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		79 PH 2: 0
B. If amending the registered agent and/or regi	stered office address on our r	records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	F . Fl . 1	
	Enter Florida stree	t 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 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>	<u>Name</u>	Address	Type of Action
	<del></del>		
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			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
		<del></del>	□ Remove
		- <u>.</u>	Change
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	just be specific and cannot be block does not meet the a	applicable statutory	or more than 90 days afte	ional) r filing.) Pursuant to 605.0207 ( is date will not be listed as t
f the record specifies a delayed b) The 90th day after the re	ed effective date, buccord is filed.	ut not an effecti	ve time, at 12:01	a.m. on the earlier of:
Dated APRIL 22nd	2019			
Wolny	Signature of a member o	r authorized represent	rative of a member	
WHITNEY BREE MA			and or a memoer	

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Typed or printed name of signee

Filing Fee: \$25.00