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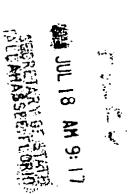
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	N REAL ESTATE SERVICES	ited Liability Company	
	Name of Lim	пси Спантку Сотрану	Ê
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		-	
riease return all correspo	ndence concerning this matter	to the following:	· Ž
	WHITNEY MARTIN		ì
		Name of Person	
	BY DESIGN REAL ESTA	TE SERVICES LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	118 West Central Avenue		
		Address	···
	WINTER HAVEN, FL 33	380	
		City/State and Zip Code	·
	BREE@BYDESIGNRE.CO		
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please co	all:	
WHITNEY MARTIN		863 207-8595	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
mata dia 1 1 dia	e u		
Enclosed is a check for th	_	FIRES OF Filling English	□ \$40.00 EU 5
■ \$25.00 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
	ING ADDRESS:	STREET/COUR	
	ation Section n of Corporations	Registration Secti Division of Corpo	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BY DESIGN REAL ESTATE SERVICES LLC

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

The second second

The Articles of Organization for this Limited Liability Co.	mpany were filed on 04/29/2019	apadassigned
Florida document number L11000073137	÷	9
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
	 	
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		enter the name of the
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KENT BRADLEY MARTIN	118 W CENTRAL AVE	
			= Add
		WINTER HAVEN, FL 33880	
			Remove
			Change
			☐ Remove
			la Remove
		<u></u>	□ Change
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ffective date, if other than an effective date is listed, the date	must be specific and cannot be prio	r to date of filing or more than	(optional) 90 days after filing.) Pursuant to 0	605.020
lote: If the date inserted in thi	s block does not meet the appli- e Department of State's records	cable statutory filing require	ements, this date will not be l	isted as
ocument's effective date of th	Department of State's records	•		
record specifies a dela	yed effective date, but no	nt an effective time a	t 12:01 a.m. on the ea	rlier o
The 90th day after the		ocan enecuve ame, a		inci o
JULY 03 ated	2019	Δ_ ·		
(1)	B M			
lettin	y Dayle	7:		
_	Signature of a member of auth	orized representative of a mer	nber	
WHITNEY BREE N	1ARTIN			
		ted name of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00