L11000129095

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COVER LETTER

TO:	Registration Se Division of Cor						
SURI	TinyByte, I						
Name of Limited Liability Company							
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Mark D. Fasel					
			Name of Person				
			Firm/Company				
		4120 Malickson Dr					
			Address				
		Parrish, FL 34219					
			City/State and Zip Code	······································			
		markfasel@gmail.com					
		E-mail address: (to be used for future annual report noti	fication)			
For fu	rther information c	oncerning this matter, please ca	all:				
Mark	D. Fasel		941 417-9463 at () Daytim				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclos	sed is a check for th	ne following amount:					
\$2	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)			

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

TinyByte, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L11000129095	$\mathcal{P}_{\mathcal{P}}}}}}}}}}$		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Mark Fasel Design, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9014 49th Ave East		
(Principal office address MUST BE A STREET ADDRESS)	Palmetto, FL 34221		
Enter new mailing address, if applicable:	9014 49th Ave East,		
(Mailing address MAY BE A POST OFFICE BOX)	Palmetto, FL 34221		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: 9014 PALM E	Enter Florida street address		
TACINE	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

Page 1 of 3

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				
Name	Address Type of Activ	<u>on</u>		
MARK FASEL	9014 49th AVE East 11 Add			
	Palmetto, FL 34221 Remove			
	Remove			
	Change			
	Remove			
	Remove			
	□ Change			
	Remove			
	Change	17		
	Add Add			
	Remove			
	OR OR Change			
	thorized Member Name	Name Address Type of Acti MARIL FASEL GO14 49th AVE East Add Palmetto, FL 34221 Remove PREMange Add Remove Change Add Remove Change Add Remove Change Add Remove		

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nec	ressary.)	
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E. Effecti	ve date, if other than the date of filing: (opticative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	ional)	or 0002 (2) 4
Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days arte If the date inserted in this block does not meet the applicable statutory filing requirements, the ent's effective date on the Department of State's records.	is date will not be lis	ted as the
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the earl	ier of:
Dated	MAY 23rd 1. 2016.		
	Show		
	Signature of a member or authorized representative of a member	(7) (7)	
	MARK D. FASEL Typed or printed name of signee	12 T	Domina. Markana G i
	i yped or printed name or signee	2b I	m
	Page 3 of 3	P IZ: OF STA	D
	Filing Fee: \$25.00	REAT S	