114000052610

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashees Charle, Name,
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

	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:	
	Patty Branch		
		Name of Person	
	Patty Branch Designs ELC		
		Firm/Company	
	8032 Roma Dune Dr		
		Address	
	Wesley Chapel, FL 33545		
	pfd2468@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information o	oncerning this matter, please ca	all:	
Patricia Branch		407 493-2832	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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:

TO:

Registration Section
Division of Corporations

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 Compa	ny as it now appears on our records.)		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000052610	were filed on $03/31/2014$ ar	nd assigned	
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company here:		
Patty Branch Designs LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviati	on "L.L.C."	
inter new principal offices address, if applicable:	8032 Roma Dune Dr		
Principal office address MUST BE A STREET ADDRESS)	Wesley Chapel, FL 33545		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	8032 Roma Dune Dr Wesley Chapel, FL 33545		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida Florida	7019 2115 30	
	City:	File .	

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 a 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
	·		Add
			Remove
			Change
			☐ Remove
			□ Change
			□ Remove
		Remove	
			Change
			□ Remove
			Change

F.ffective date, if other than the date of filing:	
Effective date, if other than the date of filing: ((Pfan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 1 The 90th day after the record is filed.	
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Effective date, if other than the date of filing: [(optional)] (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidecument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear. The 90th day after the record is filed.	_
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	lier of
Dated August 23 2019	
Signature of a member or authorized representative of a member	
Patricia Branch	

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Filing Fee: \$25.00