L14000157116

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2024 NOV -8 AM 9: 32 SEC. FREY OF STATE

COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations						
	MODUS DE	ESIGN STUDIO, LLC						
SUBJECT:		Name of Lim	ited Liability Comp	nany				
		Amendment and fee(s) are sub-	-					
riease return	an correspon	idence concerning this matter	to the following.					
		STEPHEN E ROBERTS						
			Name of Pe	rson				
		STEPHEN E ROBERTS L	.I.C					
			Firm/Comp	any				
		1003 LAKE BELL DRIVE	=					
			Address					
		WINTER PARK, FL 3278	9-1805			_		
		TAXMAN407@GMAIL.C	City/State and Z	ip Code				
			to be used for futur	e annual re	eport notification	n)		
For further in	nformation co	oncerning this matter, please ca	all:					
STEPHEN E	ROBERTS		407	923.	4000			
	Name of	Person	at (Area C	ode	Daytime Tele	phone Number		
Enclosed is a	check for the	e following amount:						
■ \$ 25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified ((additional c	Сору		S60.00 Filis Certificate Certified C	of Status Copy	
Reg Div P.C	iling Address gistration S vision of Co). Box 632 lahassee, F	ection orporations 7	F I 7 2	Division Γhe Cen 2415 N.	tion Section of Corpora tre of Tallah	tions nassee eet, Suite 81	S_C, EASSEE	WY 8- ARM 5787

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODUS DESIGN STUDIO, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	nny as <mark>it now appears on our record</mark> Liability Company)	<u> s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L14000157116	were filed on 10/08/2014	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NATHAN VANAGS DESIGN LLC		
The new name must be distinguishable and contain the words "Limited Liabii	lity 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)	OKLANDO FL 3	<u>51</u> 2803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered
	1-1	
New Registered Office Address:	Enter Florida street addres	s
	r.	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		29.7 1.79.7
I hereby accept the appointment as registered agent and agrouped by accept the appointment as registered agent and agrouped by accept the obligations of my position as registered agent as playing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, as provided for in Chapter 605,	rther agree to comply with the nd I am familiar with and—— F.S. Or, if this document is

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
			□ Add
			□ Remove
			□Change
			□Add
		4	□ Remove
			□Change
			□Add
			□ Remove
			□Change
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			STATE Schange

	ding any other information, enter change(s) here: (Attach additional sheets, if necess		
		<u></u> .	
			
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(If an effective Note: 1	tive date, if other than the date of filing:	ling.) Pursuant to 605.	.0207 (3 ed as th
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.r Oth day after the record is filed.	m. on the earlie	er of:
	1/1/2024	(1) (5)	
Dated _	<u> </u>	~ ~ ~	
Dated _	Signature of a member or authorized representative of a member	AGH KEE	EST#-
Dated _	Signature of a member or authorized representative of a member	124 HOY -8	Eng.

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