# L14000189556

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	]

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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	120000000195 718080 4300426
REFERENCE	:	718080 4300426

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AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 3, 2023

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- ORDER TIME : 1:40 PM
- ORDER NO. : 718080-005
- CUSTOMER NO: 4300426

# DOMESTIC AMENDMENT FILING

NAME: CRAIG DESIGN LLC

## EFFECTIVE DATE:

XX \_\_\_\_ ARTICLES OF AMENDMENT \_\_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR		ORGANIZATION OF	2073 H 3 PM 2: 37
			20736 100
		ESIGN LLC	
( <u>Name of the L</u> in	ited Liability Compa (A Florida Limited ]	ny as it now appears on our ree Liability Company)	ords.)
The Articles of Organization for this Limited	Liability Company	were filed on DECEMBER	11, 2014 and assigned
Florida document number L14000189556	<u> </u>		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	<u>'ET ADDRESS)</u>	<u> </u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E <u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street ad	lress
			Florida
		Ciny	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	DEANNA BAILEY	6505 N HIMES AVENUE	🖸 Adđ
		TAMPA, FLORIDA 33614	Remove
			□Change
			🗆 Add
			Change
	, <u></u>		🗋 Add
			🗆 Remove
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□Remove

\_ □Change

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

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fective date, if other	than the date of filing:	(option	al)	
in effective date is listed, th ote: If the date inserted	e date must be specific and cannot be prior to date of in this block does not meet the applicable statu on the Department of State's records.	filing or more than 90 days after fi	ing.) Pursuant to	
	Department of Onice Steepings.			
ecord specifies a delave	d effective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day	after the
is filed.		$\sim$	,	

Dated	MAY 3	2023
		AAA
	. <u> </u>	
		Signature of a member or authorized representative of a member
	Hugh Reilly	
		Typed or printed name of signee

Filing Fee: \$25.00