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SECRETARY OF STALE.

DEC 18 2015

COVER LETTER

TO: Registration Sec Division of Corp					
	Renovations LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Paul Jimison				
	 	Name of Person			
	By Design Renovations LI	.c			
		Firm/Company	·		
	2533 Peterson Rd				
		Address	· · · · · ·		
	Lakeland FL 33812			2015 SEC	
		City/State and Zip Code		5 DEC ORETAI	7
	bydesignrenovations@yaho		2.min	TAR ASS	element glasses
For forther information of	·	to be used for future annual report notifica	mon)	\mathbb{H}°	
For further information ec	oncerning this matter, please ca	BII:		2 S	
Paul Jimison		863 6607703		문건 무건	~~~
Name of	Person		elephone Number	≫ ∞	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

By Design Renovations LLC Jability Company as it now appears on our records.)
Florida Limited Liability Company) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on $\frac{12/30/2014}{1}$ and assigned Florida document number L15000015855 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	TAMMY JIMISON	2533 PETERSON RD	
		LAKELAND FL 33812	■ Remove
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		 	☐ Add
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		***************************************	□ Remove
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extive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605.
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not he 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlie
December 10 2015	
	- ·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00