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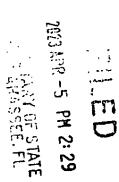
(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Office Use Only



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R. HUNT 04/05/73

COVER LETTER

Registration Section Division of Corporations

ЈВЈЕСТ:	DESIGN W	ISE BY SEANA PHELPS LL	С				
bbst.et.		Name of Lim	ited Liability Company				
ne enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
lease return	all correspo	ndence concerning this matter	to the following:				
		SEANA PHELPS					
			Name of Person		_		
		DESIGN WISE BY SEAN	A PHELPS LLC				
			Firm/Company			3ξ	
		1525 E LEE STREET				33.2	
			Address	<u> </u>		نڌ	
		PENSACOLA, FL 32503			ASSE ASSE	<u> </u>	
		bphelps@ncramen.com	City/State and Zip Code		STA E. FI	1873 AFR -5 PM 2: 29	ţ
		· · · · · · · · · · · · · · · · · · ·	to be used for luture annual report not	ification)	, <u>M</u>	92	
For further in	nformation c	oncerning this matter, please c	all:				
SEANA PHI	ELPS		850 712-9940 at ()				
~	Name o	f Person		ne Telephone Numl	oer .		
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fed cate of Sta ed Copy nal copy is ea	itus &	
	iling Addres		Street Address: Registration So	ection			
Div	_	Corporations	Division of Co The Centre of				
	llahassee, l		2415 N. Monro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ssigned
assigned
'L.L.C.''
₹ ₹¥7

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
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Effective date, if other than the	t be specific and cannot be prior to da	ite of filing or more than 90 da	(optional) ys after filing.) Pursua	nt to 605.0207 (
Note: If the date inserted in this bloocument's effective date on the Do	ock does not meet the applicable epartment of State's records.	statutory filing requiremen	its, this date will no	t be listed as t
e record specifies a delayed effectiv rd is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier	r of: (b) The 90th o	lay after the
	2023			
Dated MARCH 6	··			
Dated MARCH 6	Signature of a member or authorized	d representative of a member		

Filing Fee: \$25.00