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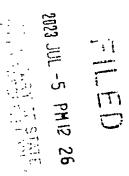
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TO: Registration So Division of Con		•	
SUBJECT: Vers Design	m LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Nina L. Inizarry		
		Name of Person	
	JINI Accounting and Book	tkeeping Services LLC	
		Firm/Company	·
	2604 Bermuda Lake Drive	., Apt. 202	
		Address	
	Brandon, FL 33510		
		City/State and Zip Code	
	nina@verscreative.com		
For further information s	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)
Sina L. hizarry		at (407) 497-5977 Area Code Daytime	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Addre	> N:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2023 JUL -5 PH 12 26 OF

Vers Design LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our nability Company)	records.)
The Articles of Organization for this Limited I	iability Company	were filed on September	8, 2015 and assigned
Florida document number 1.15000152779	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
		_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records,	enter the name of the new registered
Name of New Registered Agent:	Justin R Price	<u>.</u>	
New Registered Office Address:	2665 Clubhous		
		Enter Florida street	address
	Clearwater		, Florida <u>33761</u>
		City	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, 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
AR	Megan S. Price	2665 Clubhouse Dr. N	□Add
		Clearwater, Florida 33761	≣Remove
			□Change
			Remove
			Change
			DAdd
			□Remove
			□Change
			□Remove
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E. Effectiv	te date, if other than the date of filing:
Note: 1	ctive 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 605.0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
f the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of, (b). The 90th day after the d.
Dated _	June 1. 2023.
	(Word V CR
	Signature of a member or authorized representative of a member
	to also D. Dales
	Justin R. Price Typed or printed name of signee

Filing Fee: \$25.00