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(Re	questor's Name)	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Mite Design	1 (0 UUC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Jessila	Name of Person	
	.,	Firm/Company	
	207 N	Martin St.	
	Indian unitedes E-mail address: (1	Hurbury Beath City/State and Zip Code 190 Company Cook used for future annual report north	FL 32937 gnail. Com
For further information c	oncerning this matter, please ca		
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 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

Unite Design	nloll		
(Name of the Limited Lish) (A Por	bility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 3/4/16	_ and assigned	l
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
_ ,			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbre-	viation "L.L.C."	
Enter new principal offices address, if applicable:		·	
<u>(Principal office address MUST BE A STREET ADI</u>	DRESS)	<u></u>	₹E
		70	FEE
Enter new mailing address, if applicable:		320	ASS
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)		?	-E
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		Ť.	ACIE ACIE
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the</u>	e name of th	e new
registered agent and or the new registered office ac	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	2'- C-1-	
	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> NILR	Name Jessica Neal	Address 207 Martin Stree	Type of Action
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Filing Fee: \$25.00