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(City/State/Zip/Phone #)	04/13/2001018005 **30.00			
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APR 2 4 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

١, \mathbf{v} SUBJECT: ame of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEVENY MAE STATE Name of Person 653 STATE DESIGNS, LLC Firm/Company 2482 - ANNISTON ROAD Address SACKSONVILLE, FL. 32246 City/State and Zip Code 95fc/ectesigns 29 inciv/. (01) E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at $(\frac{904}{\text{Area Code}}) = \frac{392 - 9390}{\text{Daytime Telephone Number}}$ SEVENY MAE STATE

Enclosed is a check for the 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO ARTICLES OF O O) RGANIZATION	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	NS, LLC ny as it now appears on ou iability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{-4.1600090072}$.		. /
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N.A	
(Principal office address MUST BE A STREET ADDRESS)		202
Enter new mailing address, if applicable:	N.A	APR 13
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our record	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stro	ect address
		, Florida Zip Code
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VCEO	GHEONGHE STATE	2482 ANNISTON COAP	TeXdd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	than the date of filing:		11/10	5715	4	ntional)

E. Effective date, if other than the date of filing: <u>41191620520</u> (optional) (If an effective 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)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated _____4/10/2020

Signature of a member or authorized representative of a member

SEVENY MAE SPATE, CED Typed or printed name of signee