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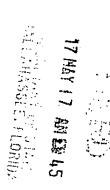
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COVER LETTER

	on Section f Corporations
GIAV SUBJECT:	ONADESIGN, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	GIAVONA WILLIAMS
	Name of Person
	Firm/Company
	3265 ALMANAC ROAD
	Address
	TALLAHASSEE, FL 32309
	City/State and Zip Code
	GWILLIAMS@GIAVONADESIGN.COM E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
GIAVONA WILLIA	AMS 850 296-8363
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check i	or the following amount:
■ \$25.00 Filing Fe	Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) 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

GIAVONADESIGN, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	· · · · · ·
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number L16000115496		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabilit	y company here:	-
GROVA CREATIVE, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "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)		
<u>-</u>		7
		3
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office address here:	į	
	Ę	
Name of New Registered Agent:		
New Registered Office Address:	7.5 7.4	ن کی
	Enter Florida street address	•
	, Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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