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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

and Design Enoup LLC imited Liability Company	
ubmitted for filing.	
er to the following:	
Plunt Name of Person	
ders and Design Group, Ll	ے۔
Mand 5t.	
OCA TO 39757 City/State and Zip Code	
Cochbuilt. con	
call:	
at (<u>352</u>) <u>720-5115</u> Area Code Daytime Telephone Number	
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Street Address: Registration Section	
Division of Corporations The Centre of Tallahassee	
	abmitted for tiling. Proto the following: Blunt Name of Person Address Address Divided To Sign Group, Lie Signs Sig

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loch Buld	ers and Design Group, BEE of Liability Company as it now applears on our records.			
The Articles of Organization for this Limited Lia Florida document number <u>LIGOOUT</u>	ability Company were filed on 6 17/16 and assigned			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)			
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> :				
Name of New Registered Agent:	Jamie Blunt			
New Registered Office Address:	141 N. Highland St Inter Florida street address			
	Mount Dora Florida 39757			

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
			□Add
			□Remove
			Change
	 		
			□Remove
			□Change
			□ Remove
			Change
			🗀 Add
			□Remove
			□Remove
			□Change
			□Add
			⊡Remove
			□ Change

Typed or printed name of signee

Lee Conn