

L16 000222916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

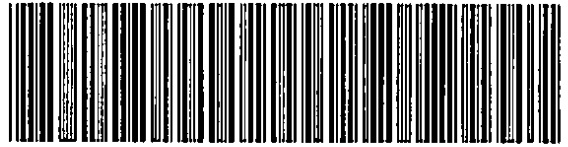
(Business Entity Name)

(Document Number)

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2022 APR 22 PM 2:26

U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

Name Change

JUN 20 2022

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M.A.Design LLC

Name 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:

Peter A Flanagan

Name of Person

Simses & Associates PA

Firm/Company

251 Royal Palm Way Suite 400

Address

Palm Beach, Florida 33480

City/State and Zip Code

pflanagan@simseslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter A Flanagan

at (561)

655-8809

Name of Person

Area Code

Daytime Telephone Number

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)

Mailing Address:

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

Street Address:

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

2022 APR 22 PM 2:26

and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

M. A. Designs LLC

Enter new principal offices address, if applicable:

Not Applicable

Not Applicable

Name of New Registered Agent:

Not Applicable

100

Enter Florida street address

_____, Florida _____
City Zip Code

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Not Applicable		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Not Applicable

[illegible]

E. Effective date, if other than the date of filing: _____ (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)

Note: 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

April 15, 2022

Signature of a member or authorized representative of a member

Rebecca C. Ahrensfield, Manager

Typed or printed name of signee

Filing Fee: \$25.00