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(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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TO:	Registration Section
	Division of Corporations

SUBJECT: _____

DESIGN YOUR OWN HOME 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:

Elizabeth Dolan

Name of Person

DESIGN YOUR OWN HOME LLC

Firm/Company

125 Oyster Catcher Circle

Address

St. Augustine, FL 32080

City	/State and Zip C	ode		r	
eannedolan131@gmail.com					
E-mail address: (to be u	sed for future an	nual report notification)			
For further information concerning this matter, please call:				בי גיז וש	مو د سر بر
Elizabeth Dolan	904 at (654-3166	к. Г.		5
Name of Person	Area Code	Daytime Telephone Number	;		

Enclosed is a check for the following amount:

S25.00 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 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGN YOUR OWN HOME LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/22/2022	and assigned
Florida document number L17000005203	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Liz Dolan Interior Design LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

			С С	49 -
Name of New Registered Agent:		с.,		
			Ξ. Ξ	1
New Registered Office Address:			<u></u>	1 st
	Enter Florida street address		L: 1	
	, Flor	ida		
	City		Zip Ce	nde

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
			🗆 Add
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			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

bruary 22	2022	
<u> </u>	Signature of a member or authorized representative of a m	
	Signature of a member of authorized representative of a n	ICTINUE:
Elizabeth Dolan		
	Typed or printed name of signce	