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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 08 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Menagerie Design Group 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:

Rhonda Addington
Name of Person

Menagerie Design Group
Firm/Company

110 Pine Knoll
Address

Alpharetta GA 30022
City/State and Zip Code

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

For further information concerning this matter, please call:

Rhonda Addington at (678) 296-2929
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Menagerie Design Group LLC
(Name of the Limited Liability Company, if now appears on any records)

Page 1 of 3

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|--------------------------|--|
| MGR | Dan R. Morrison | 1119 3 rd St. | <input type="checkbox"/> Add |
| | | Lake Park, FL 33403 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Rhonda L. Addington | 110 Pine Knoll | <input checked="" type="checkbox"/> Add |
| | | Alpharetta, GA 30022 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Brenda Moses | 1119 3 rd St. | <input checked="" type="checkbox"/> Add |
| | | Lake Park, FL 33403 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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OF FLORIDA

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

[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

February 6, 2017


Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Rhonda Addington
Typed or printed name of signee

Typed or printed name of signee

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