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SECRETARY OF STATE

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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 Menaginic Design Group Firm/Company 110 Pine Knoll Address Olipharo Ha 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: About About 198 at (678) 296-2929 Name of Person at (678) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

Menagelie Des	ign Group LK	
(Name of the Limited Liability Compa (A Florida Limited I	any at it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000526345</u> . This amendment is submitted to amend the following:	were filed on $\frac{2/2/17}{2}$ and assign	igned
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabile 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)	110 PINE KNOLL 5 Alpharetta, GA 30022	CORTINE OF STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dan R. Morrison	1119 3'd St.	🗆 Add
		LAKE PARK, FL 33403	□ Kemove
			Change
MGR	Rhonda L. Addington	110 PINE KNOLL	Add
		110 PINE KNOUL Alpharetta, GA 30022	— □ Remove
			Change
MGR	Brenda Moses	1119 3 ^{cd} St. LAKE PARK, FL 33403	PAdd
		LAKE PARK, FZ 33403	3_□ Remove
			Change
			□ Add
			□ Remove
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Filing Fee: \$25.00