11700032028

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



900317959679

09/07/18--01009--002 **30.00

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: R | achel Shaffer | Art & Design | | |
|---|--|---|--|--|
| | _ | nited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for tiling. | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | |
| | Rach | el Hensel | | |
| | | *************************************** | | |
| | Rachel Sh | uffer Art & I | <u>Jesigh</u> | |
| | | Firm/Company | · . | |
| | 310 Blount | st st 210 | | |
| | | Address | | |
| | Tallahassee | City/State and Zip Code | | |
| | | | ~1 | |
| | E-mail address: (| hensel @ gmoul. C | ication) | |
| For further information of | concerning this matter, please c | all: | | |
| Rachel | Hensel | 813 727- | 2249 | |
| | of Person | at (<u>813</u>) <u>727-</u> Area Code Daytime | Telephone Number | |
| | | | | |
| Enclosed is a check for t | | | | |
| □ \$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) | |
| | JNG ADDRESS: | STREET/COURII Registration Section | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Cer Tallahassee, FL 321 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rachel Shaffer | Art & Design LLC |
|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document numberLI7000032028 | were filed on $\frac{2/13/17}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab RAE ATT & DESIGN, LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity 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) | 310 Blount St Ste 210 Tallahassee, Fz 32301 |
| | ; |
| Enter new mailing address, if applicable: | 310 Blount St Ste 210 |
| (Mailing address MAY BE A POST OFFICE BOX) | Tallahassee, Fz 32301 - |
| | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | disregard, same agent. |
| Name of New Registered Agent: Ralph | - Demeo |
| New Registered Office Address: | Monroe ST STE 925 Enter Florida street address |
| Tallabo | |
| New Registered Agent's Signature, if changing Registered Agent: | |

New Registered Agent's Signature, it 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> | Name | Address | Type of Action |
|--------------|---------------|---|-----------------|
| MGR | Rachel Hensel | 310 Blownt St Ste 210 Tallahassee Fr 32301 | 🖫 Add |
| | | Tallahassee Fi 32301 | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □.Remove |
| | | | Change |
| | | | □ \ <u>Y</u> ĝg |
| | | | 🗆 Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | · | | 🖸 Add |
| | | | □ Remove |
| | | | ☐ Change |

| Changed | have | for | Rachel | Shaffer | to |
|---|--|---------------------------------------|---|---|---------------------------------------|
| Rachel | Hensel | - | | itional sheets, if nec Shaffer | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · · · - | |
| | | | . | | |
| <u> </u> | | | | | |
| | | | | | |
| | | | | | |
| | | | <u></u> | | |
| | | | | | |
| | | · - | ** | | |
| | | | - | | · · · · · · · · · · · · · · · · · · · |
| | | - | <u> </u> | | |
| | - | | | | i i |
| | | | | | |
| | | | | | |
| Hective date is listed, t If the date inserted | than the date of the date must be specified in this block does reconstructed on the Department | c and cannot be p not meet the app | nor to date of filing of plicable statutory fi | of (%) (optimore than 90 days after ling requirements, this | filing.) Pursuant to 60: |
| | delayed effective the record is fil | | not an effective | e time, at 12:01 a | a.m. on the earli |
| Augus | t 29 | 20. 20.00 | 18. | | |
| | \int | acras- | Langel. | | |
| | | | thorized representati | ve of a member | |

Page 3 of 3

Filing Fee: \$25.00