

L17000097161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

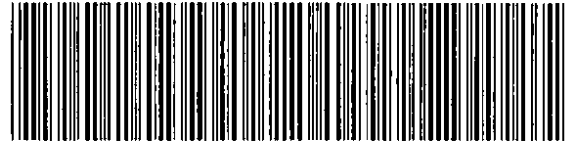
(Business Entity Name)

(Document Number)

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R. HUNT

06/27/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEVENTAMMY.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:

TAMMY L BRYAN

Name of Person

Firm/Company

407 CENTER STREET

Address

COCOA, FL 32922

City/State and Zip Code

NIGHTENDAY2@GMAIL.COM

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

CLERK OF STATE
TALLAHASSEE, FL

2007 JUN 27 PM 4:22

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For further information concerning this matter, please call:

TAMMY BRYAN

Name of Person

at (321) 504-4133

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STEVENTAMMY.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 05/02/2017 and assigned
Florida document number L17000097161.

This amendment is submitted to amend the following:

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

CONSIGN BY DESIGN, LLC

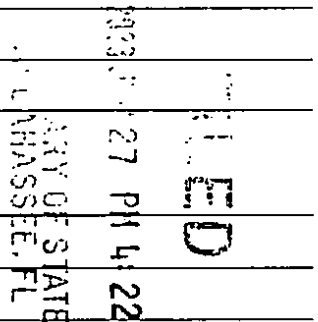
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

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:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TAMMY NABER	407 CENTER STREET	<input type="checkbox"/> Add
		COCOA, FL 32922	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAMMY L. BRYAN	407 CENTER STREET	<input checked="" type="checkbox"/> Add
		COCOA, FL 32922	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2003 JUL 27 PM 4:22
CLERK OF STATE
TALLAHASSEE, FL

2023 JUN 27 PM 4: 22
DEPT. OF STATE
WASHINGTON, DC

ED
MAR 27 PM 4:22
DEPT OF STATE
WASHINGTON, FL

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.

Dated 6/23/23

Say Bryan
Signature

Signature of a member or authorized representative of a member

TAMMY L. BRYAN

Filing Fee: \$25.00