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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY NOV - 9 2017

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | | E DESIGN, LLC | | | | | |
|---------------------------------|--|--|---|--|--|--|--|
| SUBJECT: | Name of Lim | ited Liability Company | | | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| Please return all correspon | ndence concerning this matter | to the following: | | | | | |
| | | GARY LI | | | | | |
| | | Name of Person | | | | | |
| | | Firm/Company | | | | | |
| | 3139 TERRY BROOK DRIVE APT 1612 | | | | | | |
| | 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | Address | | | | | |
| | | | | | | | |
| | City/State and Zip Code | | | | | | |
| | | 407-820-2126 | | | | | |
| | | to be used for future annual report noti- | fication) | | | | |
| For further information ed | oncerning this matter, please ca | all: | | | | | |
| GARY L | l | 407 820-2126 at () | | | | | |
| Name of | Person | Area Code Daytime | c Telephone Number | | | | |
| Enclosed is a check for th | e 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) | | | | |
| Registra Division P.O. Bo | NG ADDRESS: ation Section of Corporations ox 6327 ssee. FL 32314 | STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32 | on rations rater Circle | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIT NOY -8 PM 3 58

TALLAHASSEE. FLORIDA

PIANTE DESIGN, 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 | JUNE 15, 2017 | and assigned | | |
|--|---------------------------------------|--|---------------------------------------|--|--|
| Florida document number L17000129869 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company he | <u>re</u> : | | | |
| r new mailing address, if applicable: 129 W FAIRBANKS AVE | | | | | |
| Enter new principal offices address, if applicable: | ···· | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | 129 W FAIRBA | NKS AVE | | | |
| new maming address, it applicable: | | , FL | | | |
| | 32789 | | | | |
| registered agent and/or the new registered office address her Name of New Registered Agent: | <u>e</u> : | | | | |
| New Registered Office Address: | | | | | |
| | Enter Flori | Florida street address | | | |
| | | , Florida City Zip Code | | | |
| | | | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | _ | | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of i provided for in C | my duties, and I am fa hapter 605, F.S. Or, i | miliar with and f this document is | | |
| If Cha | naino Registered Ag | ent Signature of New Reg | istered 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 **Title** Name **Address** Type of Action MGR GRACE LI 3139 TERRY BROOK DRIVE _□ Add #1612 ■ Remove WINTER PARK, FL 32792 _□ Change _□ Add ☐ Remove ☐ Change □ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add _□ Remove

_□ Change

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| ective date, if other than the coeffective date is listed, the date must tee: If the date inserted in this bloomnent's effective date on the Department. | ck does not meet the ap | plicable statutory | filing requirements | optional) after filing.) Pursua s, this date will no | ant to 605.0207 (3 of be listed as th |
| record specifies a delayed he 90th day after the reco | effective date, but d is filed. | not an effecti | ive time, at 12: | 01 a.m. on th | e earlier of: |
| ed NOVEMBER 1 | 2017 | · | | | |
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Page 3 of 3

Filing Fee: \$25.00