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N. CAUSSEAUX MAY 2 9 2018

COVER LETTER

TO: Registration Se Division of Cor			
Business D	esign Express, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Kyle Pitsenbarger		
		Name of Person	
	Business Design Express, I	.LC	
		Firm/Company	·
	1135 NW 19 PL		
		Address	
	Cape Coral, Florida 33993		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	kylepitsenbarger@gmail.cor		<u></u>
		o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ill:	
Kyle Pitsenbarger		937 6581717 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Business Design Express, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>06/23/2017</u>	and assigned
Florida document number L17000136379		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
1922 Creative, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		29 156
(Principal office address MUST BE A STREET ADDRE	<u></u>	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		5
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	Car	$\epsilon m \cup \alpha e$

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
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ive date, if other than the fective date is listed, the date mu	date of filing: ist be specific and cannot be	prior to date of fil	ing or more than 90	(optional) days after filing.) Pu	rsuant to 605.6
If the date inserted in this beent's effective date on the D	lock does not meet the a	pplicable statuto	ry filing requirem	ents, this date will	not be liste
ient's effective date off the L	repartment of State's rec	.Orus.			
cord specifies a delaye	d offoctive date, bu	t not an offer	-tivo timo ot :	12:01 a.m. on	tha andia
cord specifies a delaye : 90th day after the rec	cord is filed.	t not an ener	.tive time, at .	12.01 a.m. on	the earne
May 15	2018				
\sim		}			
	Signature of a member or)			

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Filing Fee: \$25.00