U7000186175

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

APPROVED AND FILED



COVER LETTER

TO:		stration Sect ion of Corpo		:	
~ I (T) II.		antazia De	signs LLC		
SUBJE	CI: _		Name of Lim	ited Liability Company	.
The enc	losed a	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn a	ill correspond	dence concerning this matter	to the following:	
			Brant Gatus		
				Name of Person	
			Fantazia Designs LLC		
				Firm/Company	
			789 Minerva Ln		
				Address	
			Lake Mary, FL 32746		
			fantaziadesignsllc@gmai	City/State and Zip Code L.com	
			E-mail address: (to be used for future annual report not	fication)
For furt	her inf	ormation cor	cerning this matter, please ca	all:	
George	e Roqu	he		305 575-9747	
		Name of I	Person		e Telephone Number
Enclose	d is a c	check for the	following amount:		
■ \$25	.00 Fil	ing Fce	□ \$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:

TO:

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

(Name of the Limit	ted Liability Company as i (A Florida Limited Liability	t now appears on ou v Company)	r records.)		•
The Articles of Organization for this Limited L Florida document number L17000186175	iability Company were	filed on August 3	1, 2017	_ and a	assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability co	ompany here:			
The new name must be distinguishable and contain the v	vords "Limited Liability Cor	npany," the designati	on "LLC" or the abbre	viation '	"L.L.C."
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	ET ADDRESS)		A A A A A A A A A A A A A A A A A A A	2018 DEC	
				_ _	
			SSAN	27	E AR
Enter new mailing address, if applicable:			<u> </u>	7	<u> </u>
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		LIS IS	<u>-</u>	
				မှ	
B. If amending the registered agent and registered agent and/or the new registered or Name of New Registered Agent:					e of the n
New Registered Office Address:	11669 PE. NHE	Sylvan C:	r, AP+ 34/	<u> </u>	
	ORLANDO	- <u></u>	, Florida	Тір Сос	

New Registered Agent's Signature, if changing Registered Agent:

Contonio Degiano II C

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.

Cosey Millett

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u>, <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CAO	Casey Mallett	11229 Pointe Sylvan Cir, API 34A Orlando, FL 32825	■ Add
			□ Remove
			Change
			D Add
		 	Remove
			☐ Change
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to ock does not meet the applical	o tate of filing or mor		
e record specifies a delayed The 90th day after the rec		an effective tin	ne, at 12:01 a.m. on	the earlier of:
October 31st	2018			
RI)				
	Signature of a member or author		a market	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00