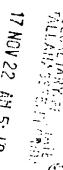
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(Requestor's Name)	
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(Business Entity Name)	
(Document Number) Certified Copies Certificates of	Status
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COVER LETTER

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		COVER LETTER	
TO: , Registration Division of C			
PK Desig	gn Studio PLLC		
SUBJECT:	Nan ë o f Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) ar e sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jill DiSalvo		
		Name of Person	
	DiSalvo & Associa tes , PLI	.C	
		Firm/Company	
	1760 N Jog Road. Suite 15	0	
		Address	
	West Palm Beach, FL 334	11	
		City/State and Zip Code	
	jdisalvo@d-acpa.com E-mail a ddr ess: (to be used for future annual report notific	eation)
For further information	n concerning this matter, please co	nll:	
Jill DiSalvo		561 659-1177	
	e of Person	at ()	Felephone Number
		•	•
Enclosed is a check for	r the 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 enclose
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PK Design Studio PLLC		
(Name of the Limited Liability Cor	mpany as it now appears on our records.) ted Liability Company)	
, vi rondu sank	ted Daving Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 10/24/2016	and assigned
Florida document number L17000220325		-
This amendment is submitted to amend the fol lowing:		
A. If amending name, enter the new name of the limited I	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS,	·)	- 7º
 		——OV CARE
	N/A	22 22
Enter new mailing address, if applicable:	1975	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3		: : :::::::::::::::::::::::::::::::::
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	I office address on our records, enter the	name of the nev
egistered agent and/or the new registeredionice andress r	nere:	
N/A		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	-
!	, Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties, and I am fam as provided for in Chapter 605, F.S. Or, if t	uliar with and this document is ed liability

Page 1 of 3

L If amending or removed	g Authorized Person(s) authorized from our records:	 rized to man 	age, <u>enter</u> the title, name, a	nd address of each person being added
MGR = N				
<u>Title</u>	<u>Name</u>		Address	Type of Action
			N/A	
			<u> </u>	□ Remove
				☐ Change
				☐ Add
				□ Remove
				☐ Change
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				Change
				Add
				Remove
				Change
	·	<u> </u>		Add
				□ Remove
				□ Change

	TICLE III	
Oth	her provisions, if any: "Landscape A	rchitect Planning and Design"
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f an eifect Note: - If	e date, if other than the date of five date is listed, the date must be specified the date inserted in this block does in a effective date on the Department	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 not meet the applicable statutory filing requirements, this date will not be listed a
ne recoi The 9	rd specifies a delayed effec ti v Oth day after the record is fil	 ye date, but not an effective time, at 12:01 a.m. on the earlier of led.
Dated	November 9th	2017
	20/	
	Signature	of a member or authorized representative of a member
	Stephanie Portus - PLA Design S t	 pdio PLLC, AMBR
	· · · · · · · · · · · · · · · · · · ·	
		Typed or printed name of signee
		Typed or printed name of signee Page 3 of 3