# 617000248034

		(Req	uestor's N	lame)	
	_	(Add	lress)		
		(Add	lress)		
		(C:b:	(Ctal-17:a	/Db 4	
		(City	/State/Zip	/Pnone #	<del>)</del> )
	] PICK-L	JP	M WA	AIT	MAIL
<del></del>		<u> </u>			
		(Bus	iness Enti	ity Name	<del>)</del> )
		(Doc	ument Nu	ımber)	
Certified C	opies		Certi	ficates c	of Status
			<del></del>		<u> </u>
Special	Instruction	ns to F	iling Offic	er:	

Office Use Only



200306826192

200306826192 12/20/17--01013--006 \*\*25.00

17 DEC 20 MH I2: 50

2917 DEC 20 FM 1: 15

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
Aristot SUBJECT:	le Design, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Tracey Peluso		
		Name of Person	·
	Aristotle Design, LLC		
	<del></del>	Firm/Company	
	1227 Continental Court		
		Address	
	Tallahassee, FL 32304		
		City/State and Zip Code	
	traceypeluso64@gmail.com	to be used for future annual report notif	iration)
For further informati	on concerning this matter, please ca	-	realion,
Tracey Peluso		850 300-3868	
Na	me of Person		Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fed	e □ \$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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aristotle Design, LLC	ad Linkility Company of it and appear	
(iyame of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	is un our records.)
The Articles of Organization for this Limited L	ability Company were filed on 12	/04/2017 and assigned
Florida document number	<u> </u>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company h	ere:
•		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	- 15/2 <b>- 7</b>	
Principal office address MUST BE A STREE	T ADDRESS)	三 号 丁
		2 [
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
	<del></del>	
3. If amending the registered agent and/	or revietored office address or	our mande enter the name of the
egistered agent and/or the new registered of		our records, enter the hame of the
Name of New Registered Agent:	Tracey Peluso	
New Registered Office Address:	1227 Continental Court	
	Enter Flo	rida street address
	Tallahassee	, Florida <sup>32304</sup>
	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 Chapging 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>	Address	Type of Action
MGR	Tracey Peluso	1227 Continental Court	■ Add
		Tallahassee, FL 32304	Remove
			□ Change
AMBR	Mark Swift	1227 Continental Court	
		Tallahassee. FL 32304	☐ Remove
		<del></del>	Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change

			A CANTE WILL		ner in the com	рану. —————		
		<del></del>	<del> </del>			<u>-</u> .	<del></del>	
				···				_
	<u> </u>					<del></del>	<del>-</del> . <del>-</del>	
		<del></del>						
<del></del>			<del>-</del>					
			· · · · · · · · · · · · · · · · · · ·					
					-			
					<del></del>			
				<del></del>				<del></del>
	<del></del>		<u></u>		- <del></del>	<del></del>	<del></del>	—
ective date, if o	other than the	date of filing	g:		- <u>·</u>	(option	nal)	
effective date is li	sted, the date mus	it be specific and	l cannot be pri	ior to date of fil	ing or more that	i 90 days after f	iling.) Pursuant to date will not be l	605.020 Betad a
ument's effectiv	e date on the D	epartment of S	state's record	ds.	ny ming requi	rements, tins	rate will not be i	nsteu a.
record specif	ies a delaved	l effective d	iate but r	nnt an effe	ctive time	at 12·01 a	m. on the ea	rlier c
he 90th day	after the rec	ord is filed.	occ, but i	iot air circ	cerve enric,	ut 12.01 a.	iii. Oii tiie ea	THE C
December 20	Օւհ		2017					
ca		<del>/</del> ·	·					
		//		> V	, 			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00