118000058092

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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	Registration Se Division of Cor			
0115.115	THEORY	DESIGN, LLC		
VORTEG	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
i icase ic	an concap.	WILLIAM G. PRICE JR.	to the tono units.	
			Name of Person	
		THEORY DESIGN, LLC		
			Firm/Company	
		12801 COMMONWEAL	TH DR. SUITE 12	
			Address	
		FORT MYERS, FL 3391	3	
		SKARCH@SEAGATEDE	City/State and Zip Code VELOPMENTGROUP.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please co	all:	
SHELL'	Y KARCH		239 738-7900	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	he following amount:		
■ \$ 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

THEORY DESIGN, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L18000058092	y Company were filed on March 5, 2018	and assigned
This amendment is submitted to amend the following	i:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	0
(Principal office address MUST BE A STREET AD	DDRESS)	SECRIVIS OF
		FILE KRY OF COI
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		RAIA
		39
B. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
_	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Ruta Menaghlazi	12801 Commonwealth Dr.	= Add
		Suite 12	□ Remove
		Fort Myers, FL 33913	☐ Change
		<u> </u>	Add
			☐ Remove
			□ Change
			Remove
			Change
<u> </u>			
			☐ Remove
			Change
			☐ Remove
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			□ Remove
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an eff <u>ote:</u>	ve date, if other than the date of filing:		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ea	rlier o
	July 31 2018.		
ated	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00