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(Re	questor's Name)				
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(Business Entity Name) (Document Number)	MAIL				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor		8	
SUBJECT: 57	Feel Designs Name of Limi	ted Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	JAY BO	OM en Schenkel Name of Person	
		Firm/Company	
	18668	NW 240th ST Address	·
	High Sp	Address Add	643
	<u>Steel dest</u> E-mail address: (t	o be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	dl:	
JAY Bro	Menschenkel f Person	at (352) 328 6 Area Code Daytime T	829 Felephone Number
Enclosed is a check for the	he 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 **ARTICLES OF ORGANIZATION OF**

Steel Designs	by	JAB	LL	C		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mnany as it :	now appears Company)	on our re	cords.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/80000676/8</u>		led on	3/15	118	and assi	igned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li	liability co	mpany her	œ:			
The new name must be distinguishable and contain the words "Limited Li	iability Com	pany," the de	signation "	LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable:			<u></u>			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>				6	SE
			·• - · · · · · · · · · · · · · · · · · · 		APR 16	RETARY
Enter new mailing address, if applicable:					- 3	MOC
(Mailing address MAY BE A POST OFFICE BOX)					ي	STATE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ldress on	our reco	ords, <u>enter</u>	the name	of the new
Name of New Registered Agent:			··- · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:		Enter Florid	la street ad	dress		
				Florida		
	City	,			Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:					

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAY Bromenschenke	1 18668 NW 2404LS	7 ⊠(Add
		High Springs FL	□ Remove
		1 18668 NW 240+15 High Springs FL 32643	Change
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ffective date, if other than the date an effective date is listed, the date must be spoot of the date inserted in this block do ocument's effective date on the Department.	ecific and ses not m	cannot be pleet the ap	prior to date plicable s	of filing or	more than 9	(option) 0 days after forments, this	iling.) Pursua	nt to 605.0 t be listed
e record specifies a delayed effe The 90th day after the record is		ate, but	not an	effective	time, a	: 12:01 a.	m. on the	e earlier
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