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COVER LETTER

TO:	Registration Sec Division of Corp			
SURIFO	CT: PAINTITB	Y KIKE LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		ted Liability Company	19- F
The encl	osed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspon	dence concerning this matter t	o the following:	
		KRISTEN A. RUMPH		
			Name of Person	
		PAINT IT BY KIKI, LLC		
			Firm/Company	
		350 TORREY PINES POI	NT.	
			Address	
		NAPLES, FL 34113		
			City/State and Zip Code	
		karumph39@gmail.com	o be used for future annual report no	diffication)
For furth	er information co	ncerning this matter, please ca	·	
			•••	
KRISTE	EN A. RUMPH		at (630) 853-8597	**************************************
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	l is a check for the	following amount:		
= \$25.	00 Filing Fee	□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/29/2018	and assigned
Florida document number <u>L18000080676</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
WEST DESIGNER SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	30 Porrey	THE STORAL
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the пап</u>	ne of the new registered
Name of New Registered Agent:		277
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Florida	<u> </u>
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		27

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 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
		***	□Add
			Петюче
			☐ Change
			□Add
			□Remove
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(If an eff Note:	ve date, if other than the date of filing:
he recor- ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Hritin King
	Signature of a member or authorized representative of a member
	KRISTEN A. RUMPH
	Typed or printed name of signee

.