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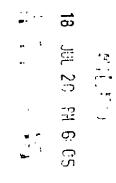
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. PRATHER

COVER LETTER

TO: Registrati Division o	on Section f Corporations
SUBJECT:	Tobias Custom Designs LLC Name of Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.
Please return all con	rrespondence concerning this matter to the following:
	Joshua Tobias Name of Person
	Name of Person
	Tobias Custom Designs LLC
	Firm/Company
	1763 Main St. #151
	Duned. In, FL 34698 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Joshn	ame of Person at (727) 485 5877 Area Code Daytime Telephone Number
N'	ame of Person Area Code Daytime Telephone Number
Englosed is a check	for the following amount:
떱 \$25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

A. If amending name, enter the new name of the limited liability company here: The Entity LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		
A. If amending name, enter the new name of the lir	nited liability company here:	- • •
The Entity LLC		<u> </u>
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reg		s, enter the name of the nev
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	XY
	, Flo	orida Zip Code
	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>	Name	Address	Type of Action
			
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Filing Fee: \$25.00