

L18000 121355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

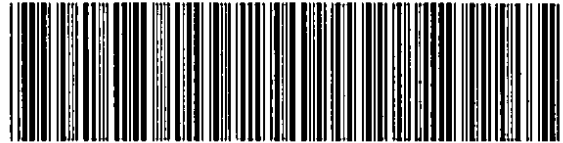
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG -3 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Corvus Design, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josh Crowe

Name of Person

Corvus Group, LLC

Firm Company

116 MC Davis Blvd., Suite 232

Address

Santa Rosa Beach, FL 32459

City, State and Zip Code

josh@corvus.io

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Crowe

Name of Person

at (**850**) **757-1000**

Area Code

Daytime Telephone Number

Enclosed 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

RECEIVED
TALLAHASSEE

2020 AUG -3 PM 5:00

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Corvus Design, LLC

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

The Articles of Organization for this Limited Liability Company were filed 05/15/2018 and assigned on Florida document number L18000121355.

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

Corvus Group, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

116 MC Davis Blvd.

Suite 232

Santa Rosa Beach, FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

116 MC Davis Blvd.

Suite 232

Santa Rosa Beach, FL 32459

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

116 MC Davis Blvd., Suite 232

Enter Florida street address

Santa Rosa Beach

City

Florida 32459

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

2020 AUG -3 PM 5:50
S-060101 1001073
TALLAHASSEE, FL

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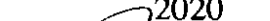
2020 AUG -3 PM 3:50
S. O. G. 17th St. 1000
TALLAHASSEE, FL

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed

July 30 2020

Dated _____



signature of a member or authorized representative of _____

Joshua Crowe

Typed or printed name of signee

Filing Fee: \$25.00