

L180000146111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

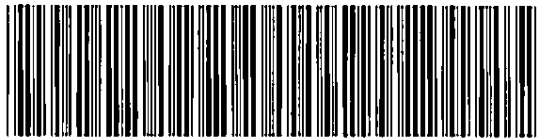
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2018 NOV 27 3:59
DIVISION OF REVENUE
TAMARA L. HARRIS, CLERK
STATE OF ARIZONA

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

Envision My Design LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Gregory L. Hobbs, Esq.

Name of Person
Law Office of Gregory L. Hobbs, PA

3161 Whirlaway Trail	Firm/Company
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Address

Tallahassee, FL 32309

City/State and Zip Code
gregoryhobbspa@gmail.com

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

For further information concerning this matter, please call:

Gregory L. Hobbs	850	251-2709
Name of Person	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Envision My Design LLC

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

FILED
2018 NOV 27 AM 10:08
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 13, 2018

Florida document number 118000146111

This amendment is submitted to amend the following:

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:

(Principal office address MUST BE A STREET ADDRESS)

20440 Colonial Hill Drive

Unit 203

Tampa, FL 33647-3539

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20440 Colonial Hill Drive

Unit 203

Tampa, FL 33647-3539

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:

Gregory L. Hobbs

New Registered Office Address:

3161 Whirlaway Trail

Enter Florida street address

Tallahassee

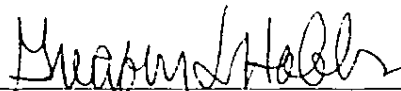
Florida 32309

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>	<u>Address</u>	<u>Type of Action</u>
MGR	John Mitchell		<input type="checkbox"/> Add
		20125 Outpost Point Drive	
		Tampa, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 27, 2018

Gregory Heller
Signature of a member or authorized representative

Gregory L. Hobbs, Esq.

Typed or printed name of signee

FILED
2016 NOV 27 AM 10:06
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK