## 118000155164

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SALLAHASSEE, FLORIOS BVISION OF CORPORATION BALLAHASSEE, FLORIOS

A. PARISHANI BEC 16 2023

COVER LETTER TO: Registration Section **Division of Corporations** Key of Life App SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chad & Leiah Anfinson Name of Person Firm/Company 1982 Westend Place Address Fleming Island, FL 32003 City/State and Zip Code<sup>1</sup> LBWALROD@YAHOO, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leiah Anfinson 718-4174 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee X \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION OF

PATER OF CORPORATION	2023 DEC	-1
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Key of Life App		NT UP	Π	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on ability Company)	our records.)	J	
The Articles of Organization for this Limited Liability Company v Florida document numberL18000155164		une 25, 2018 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
CLA Designs LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the design	nation "ELC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	1982 Westend	Place		
	Fleming Islan	nd, FL 32003		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	1982 Westend Place			
	Fleming is	land, FL 32003		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our recor	ds, enter the name of the new regi	stere	
Ch Name of New Registered Agent:	ad Anfinson			
1982 Westend Place				
New Registered Office Address:	Enter Florida st	treet address		
fle	ming Işland	, Florida		
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my o	duties, and I am familiar with and	1	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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11 amenuing Authorized rerson(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 **Title Type of Action** <u>Name</u> **Address** N/A  $\square Add$ 2023∰EC. LAHASSEE FLORI **⊟**Change **⊘**o∧dd □Remove Change □Add □Remove □ Change □Remove □ Change  $\square Add$ □Remove Change  $\square$  Add Remove

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111 (11	cente date is nated, the date mast be specific and cannot be prior to date of n	mig of more than woays a	fter filing.) Pursuant	
	If the date inserted in this block does not meet the applicable statut ent's effective date on the Department of State's records.	ory, filing requirements,	this date will not b	e listed as
Culli	ent's effective date off the Department of State S records.			
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is fil	d specifies a delayed effective date, but not an effective time, at 12:	01 <b>a.m. on the earlier of:</b>	(b) The 90th day	y after the
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	28 November 2023			
nea	15 1000 CFY 1121	M/k		
		la 1		
	Signature of a member or authorized repre	sentative of a member		_
	CHAD ANFINSON Typed or printed name of	•		

Filing Fee: \$25.00