L18CCC 225791

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	diess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
CHD IE	Draped LL	С		
SUBJEC	,I:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Konrad Krysiak-Baltyn		
			Name of Person	
		Draped LLC		
			Firm/Company	
		800 Belle Terre Pkwy, Un	it 200, Ste 178	
			Address	
		Palm Coast, FL 32164		
			City/State and Zip Code	
		dejaview.info@gmail.com	to be used for future annual report notification)	
Can firmb	ar information a	oncerning this matter, please c	·	
		oncerning this matter, prease e		
Konrad	Krysiak-Baltyn		at () Area Code Daytime Telephone Number	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:		
■ \$25.1	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C	orporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Draped LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000225791	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:
Geek Wall Street LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
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, enter the name of the new registered
	202
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Gode
New Registered Agent's Signature, if changing Registered Agent	표 03

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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
		-	□ Remove
			□Change
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			Remove
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f an eff Note:	ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
d is fi	
Dated	11/27/2020 Howered Hyrile Daltyn Signature of a-member of authorized representative of a member
	House Kyrile Dalty
	Signature of a-member of authorized representative of a member

Filing Fee: \$25.00