## L18000252894

(Requesto	r's Name)
(Address)	
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(City/State	:/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies(	Certificates of Status
Special Instructions to Filing C	Officer:





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O SIMMONS Mar 13 2021

## **COVER LETTER**

	Registration Solvision of Co			
CIBIEC		esigns, LLC		
SUBJEC	1;	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Patrice Henderson		
			Name of Person	
			Firm/Cотрапу	
		6607 Constance Street		
			Address	
		Lake Worth, FL 33467		
		•	City/State and Zip Code	
		p.r.henderson@hotmail.cor		
		E-mail address: (	to be used for future annual report no	tification)
For furthe	r information o	oncerning this matter, please o	all:	
Patrice He	enderson		402 613-4527 at()	
	Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$</b> 25.0	0 Filing Fee	S30.00 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)
	failing Addres	<del></del>	Street Address:	
	legistration S Division of C		Registration Se	
	2.O. Box 632		Division of Co The Centre of	-
	allahassee, l			pe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

2021 JAH 29 AH 9: 09

Mashup Designs, LLC

(A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number L18000252894		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The Mashup Collective, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records, e	enter the name of the new regis
agent and/or the new registered office address here:		
Nama of Navy Paristand A and		
Name of New Registered Agent:		
New Registered Office Address:	<del>-</del>	
	Enter Florida street d	address
		_, Florida
	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		The state of the s		
<u>Title</u>	<u>Name</u>	Address 2021 JAH 29 AM 9: 09	Type of Action	
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Patrice Henderson	DiAME)	
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Filing Fee: \$25.00