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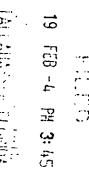
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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FEB 0 9 2019 S. YOUNG

COVER LETTER

LIONWOO SUBJECT:	OD DESIGNS LLC		
506JEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EDEN AGUILAR		
		Name of Person	-
	LIONWOOD DESIGNS L	LC	
		Firm/Company	
	3704 HIGHLAND AVEN	DE WEST	
		Address	
	BRADENTON FLORIDA	34205	
	EDENAGUILAR@LIONW	City/State and Zip Code /OODDESIGNS.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
EDEN AGUILAR		941 773-8280	
Name	of Person	at ()	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

LIONWOOD DESIGNS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/07/2018	and assigned
Florida document number L18000282264		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L1.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3704 HIGHLAND AVENUE WEST	·
Principal office address MUST BE A STREET ADDRESS)	BRADENTON FLORIDA 34205	- 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	F.B -4 PH 3: 45
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	l
	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>	Type of Action
AMBR	EDEN AGUILAR	3704 HIGHLAND AVENUE WEST BRADESTON FLORIDA 34205	🖹 Add
			🗆 Remove
			Change
			Add
			□ Remove
			Change
			□ Add
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			Change

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ective date, if other than th	ne date of filing:		(option	al)
ective date, if other than the effective date is listed, the date in terms in this	ust be specific and cannot block does not most the	pe prior to date of filing	or more than 90 days after fil	ing.) Pursuant to 605.02
rument's effective date on the	Department of State's re	cords.	ning requirements, this a	are will take the fished
record specifies a delay he 90th day after the re		ut not an effectiv	e time, at 12:01 a.r	n. on the earlier
FEBRUARY IST	2019	·		
×	Signature of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00