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	egistration Sec ivision of Corp			
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SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of a	Amendment and fec(s) are sub-	mitted for filing.	
Please retu	m all correspon	ndence concerning this matter	to the following:	
		George V. Matlock, Esquir	re	
			Name of Person	
		Law Offices of George V.	Matlock	
		 	Firm/Company	
		2549 Barrington Circle	, ,	
			Address	_
		Tallahassee, Florida 32308		
		gmatlock@gulfatlantic.com	City/State and Zip Code	<u>√</u>
		E-mail address: (1	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
George V.	Matlock		850 544-5003 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

CREATIVE DRAFTING & DESIGN, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 16, 2019 and assigned Florida document number L19000018812 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GEMINI DESIGN & DRAFTING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the effective date is listed, the date mu e: If the date inserted in this bument's effective date on the D	ock does not meet th	ie applicable statu	filing or more than 90 story filing requirer	(optional) days after filing.) Pursments, this date will	suant to 605.020 not be listed a
record specifies a delayed he 90th day after the rec		but not an eff	ective time, at	12:01 a.m. on t	he earlier (
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Filing Fee: \$25.00