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	Address)	
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	City/State/Zip/Phone #)	
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R. WHITE APR 0 7 2020

COVER LETTER __

TO: Registration Division of C			•
	SING GROUP, LLC		
SUBJECT:		and Califor Communication	
	Name of Limi	ited Liability Company	
TI			
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	ROBERT HERNANDEZ		
		Name of Person	
	R&H TAX SOLUTIONS.	INC	
		Firm/Company	
	4913 E. COLONIAL DRIV	VE .	
		Address	
	ORLANDO, FLORIDA 32	2803	
		City/State and Zip Code	
	RHTAXSOLUTIONS@GM	AAIL.COM to be used for future annual report notifi	
r - c-d - i-c		-	cation)
For further information	n concerning this matter, please ca	aII;	
ROBERT HERNAND	DEZ	321 231-6610 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)



EIFS DESIGN GROUP, LLC

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(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000074759	were filed on 03/18/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Life Design Group LC The new name must be distinguishable and contain the words "Limited Liabi		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8132 SUN VISTA WAY	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA 32822	
Enter new mailing address, if applicable:	8132 SUN VISTA WAY ORLANDO, FLORIDA 32822	
(Mailing address MAY BE A POST OFFICE BOX)	OKEMINO, I EOMON 92022	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Flo	
	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>	Address	Type of Action
			🗆 Add
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			□Change
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li>	CORRECT NAME: EIFS DESING GROUP, LLC
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m effe <u>ote:</u> l	og/19/2020 (optional) tive date, if other than the date of filing: (optional) (optiona
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	03-19-2020
	Signature of authorized representative of a member

Filing Fee: \$25.00