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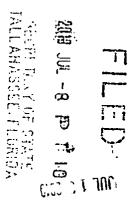
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## **COVER LETTER**

TO:	Division of Corporations
SUBJE	CT: Presidential Designs LLC Name of Limited Liability Company
The enc	osed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
SUBJECT: Presidential Designs LLC Name of Limbfary Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Company	
	18006 SE Hzw. Home Rd Address
	Howthome FL 32610 City/State and Zip Code
	Presidenting (a) progress (nobe used for future annual report notification)
For furt	er information concerning this matter, please call:
Division of Corporations  SUBJECT: Presidential Designs LLC Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filmg.  Please return all correspondence concerning this matter to the following:    Constitution	
Enclose	I is a check for the following amount:
<b>B</b> \$25.	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy

### 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

Presidential Design	os, HC FILED
( <u>Name of the Limited Ljabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L 19 000 0956 22	ompany were filed on April 8 2000-8 pm 160 and assigned SECRITARY OF STATE
	TALLAHASSELT
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	<u>ted liability company here</u> :
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If any adjust the project and appear and/or regist	and office address on the many of the many
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the ness here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
TOWN TOURS OF THE STATE OF THE	Enter Florida street address
	, Florida
-	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent a	and agree to act in this capacity. I further agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sheila Cobb	18006 SE Hauthone Rd, Hauthome, FL 3.	241) [a Add
			□ Remove
			Change
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			□ Remove
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			Change

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Effective date, if other than the date of filing:	o 605.0207 ( e listed as t
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e The 90th day after the record is filed.	arlier of:
Dated	
Signature of a member or authorized representative of a member	
Paneld City II	

Page 3 of 3

Filing Fee: \$25.00