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COVER LETTER

TO:

TO: Registration So Division of Cor					
	Design LLC.				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing			
	ondence concerning this matter	-			
	Kristen Liberman				
		Name of Person			
	Liberman Design LLC.				
		Firm/Company			
	313 Florida St.				
	·	Address			
	Niceville, FL, 32578				
		City/State and Zip Code			
	libermankristen@gmail.com				
		to be used for future annual report not	ification)		
	oncerning this matter, please c	ait:			
Kristen Liberman		850 200-2280 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		<u>Street Address:</u> Registration Se	ction		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberman 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 $\frac{04/15/2019}{1}$ Florida document number $\frac{1.19000103572}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Cinv

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Corwin B. Liberman	313 Florida St.	■Add
		Niceville, FL, 32578	□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	be specific and cannot be prior ock does not meet the application.	to date of filing or more than able statutory filing requi	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be l	605.0207 (3 listed as th
he record specifies a delayed effective ord is filed.	: date, but not an effective til	me, at 12:01 a.m. on the c	arlier of: (b) The 90th day a	fter the
Dated February, 11	. 2020	 L. G		
	Signature of a member or author	rized representative of a me	mber	
Kristen E. Liberman				
	Typed or printe	d name of signee		