L1900017439a

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COVER LETTER

TO: Registration Section **Division of Corporations** Staging to Sell/Designs By Dee, LLC SUBJECT: __ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DeeAnn R. Marretta Name of Person Staging to Sell/Designs By Dee, LLC Firm Company 2283 Grove Drive Address Naples, FL 34120 City/State and Zip Code kevin.marretta@umucpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DeeAnn Marretta Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. S25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: V Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB 13 AM 10: 31

Staging to Sell/Designs by Dee, LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) Ja Limited Liability Company)	TALL : LEIFTE
The Articles of Organization for this Limited Liability (Florida document number L19000174392	and assigned	
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lin	nited liability company here:	
DeeAnn R. Marretta, LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	
The same of the sa		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
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Effecti	ive date, if other	than the date of	filing		(6	optional)	
lf an effe <u>Note:</u>	ective date is listed, th	he date must be speci I in this block does	fic and cannot be p not meet the ap	plicable statutory	or more than 90 days	after filing.) Pursuant to this date will not be	
e record		ed effective date, b	ut not an effectiv	re time, at 12:01 a	.m. on the earlier o	f: (b) The 90th day	after the
	February 4		2023				
10.				·			
Dated ₋			1				
Dated ₋		6.1	12.7	4			
Dated _		Signature	e of a member or a	nuthorized represent	ative of a member		_

Filing Fee: \$25.00