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COVER LETTER

TO:

FO: Registratio Division of	n Section Corporations			
	NGE TIMES DESIGN LLC	·		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	respondence concerning this matter	to the following:		
	ALEXANDRIA WEINBI	ROER		
		Name of Person		
	STRANGE TIMES DESIG	SN LLC		
		Firm/Company		
	10266-129th TERRACE N	CORTH		30 .
		Address		
	LARGO, FL 33773			- 2
		City/State and Zip Code		किस ती: जिल
	ALLIE WEINBERGER@C	in the used for future annual report notified.	toothan's	<u>":</u>
For further informati	on concerning this matter, please c		(citem)	
	-			
ALEXANDRIA WI	<u>. ,</u>	727 631-4753		
Na	me of Person	Area Code Daytime	Telephone Number	
Enclosed is a check	for the following amount:			
■ \$2 5,00 Filing Fe	ee 2 \$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 enclo	
Division of P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee : Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

130

STRANGE TIMES 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 ____ 22, 2019 and assigned Florida document number 1.19000188174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STRANGE TIMES DESIGN COMPANY 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

_____, Florida ____

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
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Dated June 7	2020	
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member			
	· ·	MILIAAAA		