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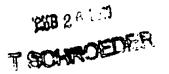
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Division of C			
	SIGNS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter		
	ALINA HARRISON		
	-	Name of Person	
	AL IDESIGNS LLC		
		Firm/Company	
	11850 DR MARTIN LUT 14114	HER KING JR ST N	
		Address	
	SAINT PETERSBURG, F	1., 33716	
	. alinalima.al7@gmail.com	City/State and Zip Code	
	~ -	to be used for future annual report i	notification)
For further information	concerning this matter, please c	all:	
ALINA HARRISON		407 9239836	
Name	e of Person	Area Code Day	time Telephone Number
Enclosed is a check for	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi	ILING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COU Registration Se Division of Cor Clifton Buildin	porations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AL IDESIGNS LLC				
(<u>Name of the Limited I.</u> (A.F	lability Company as it now app Torida Limited Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited Liabil Florida document number <u>W19000067779</u>		07/25/2019	an	d assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, <u>enter the new name of the</u>	e limited liability company	<u>here</u> :		
he new name must be distinguishable and contain the words	"Limited Liability Company," th	ne designation "LLC" or the	: abbreviatio	on "L.L.C."
Enter new principal offices address, if applicable				19
Principal office address MUST BE A STREET A	DDRESS)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 7
			だらか - <u>25.5年</u> 	-
			-1 _C	3 1
Enter new mailing address, if applicable:			_ S	<u>~ C</u>
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	<u>·</u>	- 21 A	2
B. If amending the registered agent and/or registered agent and/or the new registered office	• •	on our records, <u>ent</u>	er the na	ime_of_th
			<u></u>	
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	Total I	171 1		
	Enter I	Florida street address	,	

Thereby 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. Thereby 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, <u>enter the title, name, and address of each person</u> <u>being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALINA HARRISON	Address 11850 DR MARTIN LUTHER A.H. KING JR ST N St. pateus by a FL 33	Add Add
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			Change
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		.	. •	
Note	tive date, if other than the date of filing:	otional) åer filing.) Pursua his date will no	ant to 60 ot be lis	15.0207 (3) sted as the
o) Th	ecord specifies a delayed effective date, but not an effective time, at 12:03 e 90th day after the record is filed.		e earl	ier of:
Dated	Signature of a member or authorized representative of a member	:50H		
	Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·		

Page 3 of 3

Filing Fee: \$25.00