# Page 1 of 2 orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323) 962-8600

Fax Number

: (323) 962-3889

\*\*Enter the email address for this business entity to be used for future of the second annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MODERN MINIMALIST DESIGN LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Electronic Filing Menu

Corporate Filing Menu

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### **COVER LETTER**

TO: Registration Sec Division of Corp				
	AINIMALIST DESIGN LLC			
SUBJECT:	Name of Limit	ed Liability Company		
	Amendment and fee(s) are submindence concerning this matter to			
	Cheyenna Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N Brand Blvd 11th Fl			
		Address		
	Glendale, CA 91203			
		City/State and Zip Code		
	marce.crawford@yahoo.com			
	E-mail address: (1	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Cheyenne Moseley		800 773-0888		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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)	

MAHLING 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

#### To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODERN MINIMALIST DESIGN LLC		
(Name of the Umited Liability Compa (A Florida Limited I	ay as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 07/29/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16632 Greens Edge Cir	
(Principal office address MUST BE A STREET ADDRESS)	Weston, FL 33326	
Enter new mailing address, if applicable:	16632 Greens Edge Cir	2120 FEB
(Mailing address MAY BE A POST OFFICE BOX)	Weston, FL 33326	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, re:	7 T
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	Zip Code

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>l'itle</u>	Name	Address	Type of Action
MGR	Eustan Williams	16632 Greens Edge Cir	■ Add
		Weston, FL 33326	☐ Remove
			□ Change
AMBR	Eustan Williams	16632 Greens Edge Cir	<b>⊠</b> Add
		Weston, FL 33326	☐ Remove
			☐ Change
AMBR Marce Crawford	Marce Crawford	16632 Greens Edge Cir., Unit 72	Add
		Weston, FL 33326	■ Remove
			Chauge
			Add
			□ Remove
		<u></u>	□ Change
		<u></u>	D Add
			□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change

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Note	tive date, if other than the date of filing:  from educ is listed, the date name is specific and cannot be presented as of filing or more than 90 days after filing a Pursuant to 605 0207 (3).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the ro ) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	o JANGARY 3300 ACAC.
	معسل بازار بازار از
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00