L19000212614

(Red	questor's Name)
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(City	y/State/Zip/Phone #)
	WAIT MAIL
(Bu:	siness Entity Name)
(Dor	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to I	Filing Officer:
	Office Use Only



FILED 2025 JAN - 2 PH 3: 13 SECRETARY OF SHATE

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COVER LETTER

TO: Registration Section Division of Corporations

PLAQUEWORTHY, 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:

THOMAS A. BILLINGE

Name of Person

Firm/Company

29118 PICANA LANE

Address

WESLEY CHAPEL, FL 33543

City/State and Zip Code

robert@wellencpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS A. BILLINGE

Name of Person

813 310-1180 at (_____) Area Code Davi

Code Daytime Telephone Number

Enclosed is a check for 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAQUEWORTHY, 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 08/20/2019	and assigned
Florida document number L19000212614	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BOLD VISION DESIGNS, 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:	N/A Se Se		
(Principal office address MUST BE A STREET ADDRESS)		AC L	
		P TT	
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
		ייז	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street	t address
		, Florida
	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 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

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<u>Title</u>	Name	Address	Type of Action
	N/A		🗆 Add
			🖸 Add
			[]Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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date, if other than the c			

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

DECEMBER 26	2024
X 123	
Signa	ture of a member or authorized representative of a member
THOMAS A. BILLINGE	

Typed or printed name of signee