L19000223261

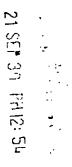
(Re	questor's Name)	
(Ad	dress)	
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	siness Entity Na	me)
(Do	cument Number)
Cadification des	O. Pr	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filina Officer:	
	g	
		10/6/2021
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		1771

Office Use Only



900374038309

09/30/21--01010--003 **25.00



COVER LETTER

TO: Registration Se Division of Cor					
	N DESIGN, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DUSTIN L BAKER				
		Name of Person			
	SOUTHERN DESIGN, LE	LC			
		Firm/Company			
	3713 LONGFORD DR.				
		Address			
	TALLAHASSEE, FL 32309				
	 	City/State and Zip Code			
	southerndesignlle@gmail.c				
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	incation)		
DUSTIN L BAKER		850 508-5872			
Name o	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he 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 Addre</u> Registration		Street Address: Registration So	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810		
Tallahassee.	P1. 52514	Z413 N. MONT	oc succi, sunc o iv		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 21 557 30 7712: 54 **OF**

SOUTHERN DESIGN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		/2019 and assigned
·		
nited liabili	ty company here	:
mited Liability	Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
	SOUTHERN DESIGN, LLC	
RESS)	3713 LONGFORD DR.	
	TALLAHASSEE,	F1. 32309
	SOUTHERN DES	
,		
ed office ad	dress on our reco	ords, enter the name of the new regis
LONGFORI		and the state of t
	Enter Plorida	
LAHASSEE		, Florida ³²³⁰⁹
- n	nited Liability RESS)	SOUTHERN DES 3713 LONGFORT TALLAHASSEE, SOUTHERN DES 3713 LONGFORT TALLAHASSEE, rd office address on our reco

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address 21 SEF 30 PH 12: 54	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			Change
		 	□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			(TChange)

	00 Fills: 5L
AM	ENDING ALL ADDRESSES CONNECTED WITH COMPANY TO:
371	3 LONGFORD DR.
TAI	LLAHASSEE, FL 32309
_	
-	
m effectiv o <u>te:</u> If th	date, if other than the date of filing:
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	Signature of a member or authorized representative of a member
	DUSTIN BAKER Typed or printed name of signee