## L19000292716

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Cootinont (Citizer)				
Codified Conice Codificator of Status				
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Special Instructions to Filing Officer:				





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T. MATTHEWS NOV 2 3 2021

## , COVER LETTER

TO:

Registration Section

Division of Corporations				
	e designs and renovations llc.			
SUBJECT:  Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	caitlin elin			
	Name of Person			
	distinctive designs and renovations IIc  Firm/Company			
		Firm/Company		
	5960 91st ave n			
	-	Address		
	pinellas park, fl. 33782			
		City/State and Zip Code		
	caitlinfla@live.ca			
	E-mail address: (	to be used for future annual report not	tification)	
For further information	concerning this matter, please c	all:		
caitlin elin		727 564-0854		
Name	of Person		ne 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)	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATION TO A SECTION TO SEC.

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distinctive designs and renovations lle

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

		the state of the s	•••
The .	Articles of Organization for this Limited	Liability Company were filed or	11/27/2019 and assign
Flori	da document number 119000292716	·	
	amendment is submitted to amend the fo		
A. II	amending name, enter the new name	of the limited liability compan	y here:
The ne	w name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Ente	r new principal offices address, if appl	icable:	
(Prin	cipal office address MUST BE A STRE	ET_ADDRESS)	
<u>(Maii</u> B. If	r new mailing address, if applicable:  ling address MAY BE A POST OFFICE  amending the registered agent and/or and/or the new registered office address	registered office address on ou	r records, <u>enter the name of the new reg</u>
	Name of New Registered Agent:	Aleigha Delellis	
	New Registered Office Address:	5960 91st ave n	
			Florida street address
		pinellas park	, Florida 33782
		City	Zip Coxle

## 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 will provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address 71 HOV 12 FIG 3: 14 Type of A

Aleigha Delellis

·mgr

5960 91st ave n. Pinellas Park, Fl. 33782

■Add

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being

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	./ /
(If an effective date is listed, the date must be specific and cannot be	(optional)  be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 applicable statutory filing requirements, this date will not be listed excords.
the record specifies a delayed effective date, but not an effectord is filed.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
Dated NOV 2 30	101 Th
•	or authorized representative of a member
Cait	lin Elin
	or printed name of signee

CILL D. GOE OF