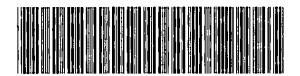
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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
DESIGN M	INDED, LLC		· _
SUBJECT:	Name of Limited	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Kenneth Baldauf		
		Name of Person	
	Design Minded LLC		
		Firm/Company	
	818 Watt Dr		
		Address	
	Tallahassee, FL 32303		
		City/State and Zip Code	
	kbaldauf@fsu.edu E-mail address: (t	o be used for future annual report notifica-	ation)
For further information	concerning this matter, please ca		
Ken Baldauf		850 766-3754	
_	of Person	at (Telephone Number
Enclosed is a check for	the following amount:		
	☐ \$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)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DESIGN MINDED, LLC	on our records.)	
DESIGN MINDED, LLC (Name of the Limited Liability Compa) (A Florida Limited L.	ny as it now appears on our recores. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 18, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company nere:	
INNOVATION BY DESIGN, LLC The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
1 · · ·		R 20
Enter new mailing address, if applicable:		2 里方
(Mailing address MAY BE A POST OFFICE BOX)		1: 02
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	zigi som

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 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>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
	 -		[] Remove
			□Add
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			□Change

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