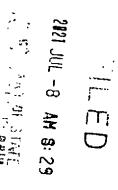
L20000059059

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COVER LETTER

TO: Registration S Division of Co					
Sseltroffe SUBJECT:	Designs, L.L.C.				
3000EC1.	Name of Lin	nited Liability Company			
	f Amendment and fee(s) are sub ondence concerning this matter				
	Adolf R. Mizzeli				
		Name of Person			
	Sseltroffe Designs, L.L.C.				
		Firm/Company			
	1961 Sunbow Avenue				
		Address		2821	
	Apopka, FL 32703			2821 JUL -	•
	infoplugties@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		Ö
For further information	concerning this matter, please of	all:		8: 29	-
Adolf R. Mizzell		321 276-1020 at ()		•	
Name	of Person		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)	Certified	te of Status &	
Mailing Addre	ess:	Street Address:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sseltroffe Designs				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on February 21, 2021	an	d assigne	ed
Florida document number L20000059059				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Sseltroffe Designs, L.L.C.				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation	on "L.L.C.	***
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
		<i>F</i> ,	C3	
		4 *Z	<u></u>	
Enter new mailing address, if applicable:		- 17		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		1 ** - *** ** * - ***	တ်	<u>["</u>
			:×	
		ध0 = : भा <u>≥</u>	ထဲ	∇
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, enter the na	ame of the	e nev re	gisterec
agent and/or the new registered office address here:	"			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street uddress			
	, 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 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
			□Remove
			□Change
			□Remove
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Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fi ote: If the date inserted in this block does not meet the applicable statut ocument's effective date on the Department of State's records.	ling or more than 90 ory filing requiren	(optional) days after filing nents, this date) ;.) Purs : will :	uant to 6 not be l	505.020 isted as
record specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the ear	lier of: (b) Ti	he 90t	h day ai	fter the
ated July 7, 2021 (Related K. Morgal)					

Filing Fee: \$25.00