LZO 0000 62606

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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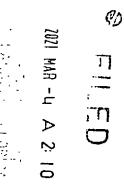
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04/23/2021 S.C.



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	ie Designs LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Curtis Phillips			
		Name of Person		
	Back At One Designs LLC			
		Firm/Company		
	4025 14th Avenue South			
		Address		
	Saint Petersburg, FL 3371	1		
		City/State and Zip Code	·	
	coach.phillips023@gmail.c	om to be used for future annual report notific	cation)	
For further information of	concerning this matter, please c	ail:		~ %
Curtis Phillips		678 252-7521	<u>}-</u>	
Name c	of Person		Telephone Number	71
Enclosed is a check for t	he following amount:		~ A	E
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address Registration Solvision of Control P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations	
Tallahassee,			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Back At One Designs LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on 02/25/2020	and assigned
orida document number 1.20000062606		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	l office address on our records, <u>enter the</u>	name of the new regist
gent and/or the new registered office address here:		MAR I
5N P 1		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joycelyn Thomas	3822 Elaine Court, Decatur, GA 30034	= Add
			Remove
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ective date, if other than the	03/01/2021	(ontional)	
n effective date is listed, the date mu	st be specific and cannot be prior to date of filing of lock does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 6 ling requirements, this date will not be li	05.0207 sted as
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01 a.r.	m, on the earlier of: (b) The 90th day af	ter the
March 01	2021		
Just	Signature of a member or authorized representat	is a far murch w	

Filing Fee: \$25.00