120000129129

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2020 NOV -9 PH 6: 01 SECNETARY OF STATE

12/18/20



. COVER LETTER

TO:

Registration Section

Division of Corpo	rations		
SUBJECT: SEW	Chy Designs C Name of Lim	LLC nited Liability Company	
The enclosed Articles of Art		•	
	NICOLE	Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		SW 24th Ave Address Address	
		City/State and Zip Code designs & Angel Control to be used for future annual report not	fication)
For further information con-			
Nicole Killeb Name of Po	re w	at (863) FOI (o393 ne Telephone Number
Enclosed is a check for the f	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 Address: Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sew Chy Designs	110	2020 NOV -9	PM 6: 07
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear	on our records.	Y OF STATE
(A Fiorital Emitted E	лаонну Сопрану)	IALLAI's	Sprill FUT
The Articles of Organization for this Limited Liability Company	were filed on <u>5</u>	113/2020	and assigned
Florida document number 120000129129			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 SW	PARK ST	
(Principal office address MUST BE A STREET ADDRESS)	DKEEC	WITE FL	34974
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 -		
B. If amending the registered agent and/or registered office a	ddress on our re	cords, enter the nan	ne of the new register
agent and/or the new registered office address here:		or do, once the man	ise of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
	Cin		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this co performance of n	apacity. I further ag ny duties, and I am	ree to comply with th

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Acti
			□Add
			□ Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			
			🗆 Remove
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

	PLEASE CHANGE THE NAME IROM
	SEWCHY DESIGNS LLC TO
	SEWCRY BESIGNS AND MURE LLC
	PLEASE MUDIFIC THE LODRES FOR
	CPERATING TO III SU PARIS ST DICFECULABLE
•	FL 34974
_	
	
<u>e:</u> It t	date, if other than the date of filing:
ord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff
	LOVEINSTROS, ZOZO.
d <u> </u>	
:d <u> </u>	Signature of a member or authorized representative of a member

Filing Fee: \$25.00