120000162071

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	JESSICA TY	SON DESIGN LLC		
SCBGEC1.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	SUITE 220	
•			Address	
		HOUSTON TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.COM		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation con	ecerning this matter, please ca	dl:	
LOVETTE I	OOBSON		888 462-3453	
	Name of F	Person	Arca Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JESSICA TYSON	I DESIGN LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/12/2020	and assigned
Florida document number L20000162071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	4046 N GOLDENROD ROAD PMB 142	. 吾 ㄲ
(Principal office address MUST BE A STREET ADDRESS)	WINTER PARK, FL 32792	3 5
Enter new mailing address, if applicable:	4046 N GOLDENROD ROAD PMB 142	
(Mailing address MAY BE A POST OFFICE BOX)	WINTER PARK, FL 32792	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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
AMBR	JESSICA TYSON	4046 N GOLDENROD ROAD	
		PMB 142	□ Remove
		WINTER PARK, FL 32792	■ Change
			Add TT Rempye
			D Rempye
			- Rempye
			— Change
			
			Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior to date on the control of the specific and cannot be specificable states.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 atutory filing requirements, this date will not be listed as th
the record specifies a delayed) The 90th day after the reco	effective date, but not an e ord is filed.	ffective time, at 12:01 a.m. on the earlier of:
Dated OCTOBER 10	2020	
20111	in Tusas	presentative of a member

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00