LZO 000 202528

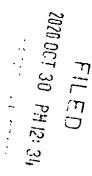
(Requestor's Name)
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12/9/20

COVER LETTER

TO: Registration Division of C	Section Corporations		
2 Guy E	Designs, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Joshua Mena		
		Name of Person	
	2 Guy Designs, LLC		
		Firm/Company	
	1975 Doyle Road		
		Address	
	Deltona, FL 32738		
		City/State and Zip Code	
	2guydesigns@gmail.com	to be used for future annual report noti	tication
For further informatio	n concerning this matter, please c		neadony
Joshua Mena		516 559-3903 at () Area Code Daytim	
Nan	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2 Guy Designs, LLC (Name of the Limited Liabili (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>ls.</u>)
	1	
This amendment is submitted to amend the following:		2020 (
The Articles of Organization for this Limited Liability Consider the Articles of Organization for this Limited Liability Consider the Incident of the Incident	ited liability company here:	FILE
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	or the abbreviation P.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u> </u>	<u></u> .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	22.8
	ព	orida
	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
Mr	Keith Gross	5638 Bay Side Drive Orlando, FL 32819	
			□Remove
			□Change
			2020 FC
			30 IL
			2020 OCT 30 Remode
			□Remove
			□Change
			□Add
			□Remove
		·····	□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change

Joshua Mena 50% ownership		
Keith Gross 50% ownership		
	2020 0	
) <u>0</u> 000	
	<u> </u>	Ë
	- 12: - 3	
,— <u> </u>		
Tective date, if other than the confective date is listed, the date must te: If the date inserted in this blockment's effective date on the Department's	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to bek does not meet the applicable statutory filing requirements, this date will not be	605.0201 listed as
cord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
September 19	. 2020	

Typed or printed name of signee