LZO 000 242525

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	 -
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nar	me)
(Docur	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	





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COVER LETTER

то:	Registration Section Division of Corporation		r	ŗ•	• •	
SUBJF	ест:А	ugust West D Name of Limi	PSIGNS LL ited Libbility Company	LĊ		
The en	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
		Susa	nKFerret Name of Person	4;		
			ust West D			
		9117	Autum A	taze E	Pire	
			Address			
		Na	ples, FL City/State and Zip Co	34109	·	
	-	Susant E-mail address: (1	City/State and Zip Co CVP Hi 9/ Co o be used for future anni	de) gmai ial report notifi	ication)	
For fur	ther information cond	erning this matter, please ca		•		
			at (<u>739</u>).	273.	0405	_
	Name of Pe	erson	Area Code	Daytime	Telephone Number	
Enclos	ed is a check for the f	ollowing amount:				
8 2 \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		S60.00 Filing Certificate of Certified Cop (additional copy	Status & Dy

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

August We	est Designs, LLC	10 lõ: 03
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 20000 242525</u> .	any were filed on Augus + 11	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		·····
New Registered Office Address:	Enter Florida street address	
	, Florid	a 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
Mark 4	Susan K. Ferretti	9117 Autumn Haze Dr.	🗆 Add
Susan K. Ferretti AMBR	Naples, FL 34109	□Remove	
		MChange	
		□Add	
		□Remove	
			□Change
		🗆 Add	
		□Remove	
		□Change	
		□Add	
			□Remove
		Change	
		□Add	
		□Remove	
		□ Change	
			□Add
			□Remove

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I am amending myself. Susan K. Ferretti from
_	I an amending syself, Susan K. Ferretti, from Registered Agent to AMBR. Please let me Knowif anything else is needed.
	Registated Frager 10 11. Viewse 101 the Kidder.
	mithing else is needed.
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(If an effe Note:	we date, if other than the date of filing: 9/20/20 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	Oct. 9. 2020
	Oct. 9 2020 Signature of a member or authorized representative of a member
	Susan K. Ferretti
	Typed or printed name of signee