LZ0000278318

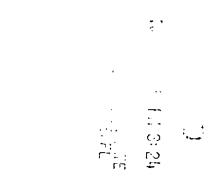
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100436092951

09/11/24--01015--022 **25.00



5. ALMT 6/11/24

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: NT	S Design GV Name of Lim	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexis	Goy, Esq.	
	HORS LAW - A	AMMEN IN FAUTE	v NTS Design Grap. LLC 17 Holdings. LLC
	lle McDavic	, Bud, Suite 200	<u>0</u>
	Sama Ros agay@ngva	City/State and Zip Code AW · COM; Mavior to be used for future annual report notion	32459 Sulgullo@Me.(OM
For further information (concerning this matter, please ca	all:	
Alexis Gav	Officeson	at (601) 757 Area Code Daytim	2 - 1658 e Telephone Number
Enclosed is a check for t	the following amount:		
\$35,00 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

Ms Design Group	ollC
(<u>Name of the Himited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) red Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2006 278718</u> .	any were filed on 09/08/7070 and assigned
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: Much	Holdings, LLL HWY 98 E Enter Florida street address Dearn Florida 72 161

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	THE PERHAPITAL PRICE	12805 HWY 98 E	VJ\rdd
٦	TMJ 17 Holdingsill	12805 HWY 98 E L INLEX BEAN TL.724	(4) Remove
			□Change
M62	Manisol Guio	59 Pemin	□Add
		Santa Rosa Beach TI	
		Santa Rosa Bearn TI	□Change
			□ Add
			□Remove
			Change
			□Add
		7: 97 	 Remove
		75) - 15) -	C) Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

					-
					_
					-
-					-
					•
			 -		-
				- ,	-
	n			•	
			, 		
			<u> </u>		
			<u> </u>		` !
			<u> </u>	:2:	
					-
					•
ffective date, if other than the date of fili an effective date is listed, the date must be specific a	ng:	(optional)		
an effective date is listed, the date must be specific a	nd cannot be prior to date of meet the applicable state	filing or more than 90 days story filing requirements	after filing.) Pursu, this date will n	iant to 605 of be list	5.0207 (3)(b) ed as the
Sote: If the date inserted in this block does no					
Sote: If the date inserted in this block does no ocument's effective date on the Department o	'State's records,				
<u>Sote:</u> If the date inserted in this block does no ocument's effective date on the Department o			a		
(ote: If the date inserted in this block does no ocument's effective date on the Department of record specifies a delayed effective date, but no		:01 a.m. on the earlier o	f: (b) The 90th	day afte	er the
Sote: If the date inserted in this block does no ocument's effective date on the Department of record specifies a delayed effective date, but it is filed.		:01 a.m. on the earlier o	f: (b) The 90th	day afte	r the
Sote: If the date inserted in this block does no		:01 a.m. on the earlier o	f: (b) The 90th	day afte	er the
Sote: If the date inserted in this block does no ocument's effective date on the Department of record specifies a delayed effective date, but not in the Septem book.	ot an effective time, at 12				
Stee: If the date inserted in this block does no ocument's effective date on the Department of record specifies a delayed effective date, but not it is filed. Dated Septemboon TMJ TO HAMMO	ot an effective time, at 12				

Filing Fee: \$25.00