## LAO 000329457

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

TO: Registration Sec Division of Corp			
suвјест: <u>Ві</u>		COY, LLC ited Liability Company	
	Amendment and fee(s) are submedence concerning this matter		
	Ariano	Name of Person	<del> </del>
	<u> Bijan</u>	HUVYE DECOY, LLÍ Firm/Company	<del>/</del>
	1492 1	andau Rd.	
	<u>Jackson</u> bijanhon	City/State and Zip Code  No Code (Or @ Q M CQ ) (to be used for future angual report notification of the code of t	COM
For further information co	oncerning this matter, please ca	·	icanon)
Ariana (	Person	at (772) .579 - Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)
Marilian Addanso		Streat Address	

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

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.	)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2000329457</u>	101:0106	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
	Redisign, UC	<u> </u>
The new name must be distinguishable and contain the words "Limite		
Enter new principal offices address, if applicable:		<b></b>
(Principal office address MUST BE A STREET ADDRE	ess)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, enter t	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u></u>
N. D. A. L. Off and Additional		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
<del></del>	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

), If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing:
the receeded is	ord 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 filed.
Date	1 January 2 . 2021.
	Signature of a member or authorized representative of a member
	Signature of almember or authorized representative of a member
	Typed or printed name of signee