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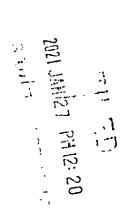
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PICK-UP	☐ WAIT	MAIL
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OR 3/12/21

COVER LETTER

Registration Section
Division of Corporations

TO:

OTIDATION	ned Designs LLC		• •
30barc1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	David Lamb		
	 -	Name of Person	
	Distinguished Designs LL	С	
		Firm/Company	
	2860 ne 5th ave		
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	lifeoutdoors1@gmail.com		
	E-mail address: (to be used for future annual report not	fication)
r further information of	concerning this matter, please co	all:	
vid Lamb		561 674-7561	
Name o	f Person		e Telephone Number
losed is a check for the	he 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 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of 1	porations
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 232303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Distinguished Designs LLC

(Name of the Lim	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on 11	-05-2020 ar	nd assigned
Florida document number L20000351142			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
. If amending the registered agent and/or tent and/or the new registered office addr	registered office address on our ress here: David Lamb	ecords, <u>enter the name of th</u>	e new registere
	2860 ne 5th ave		
New Registered Office Address:		rida street address	
	Boca Raton	, Florida ³³⁴³¹	
	City		Code
v Registered Agent's Signature, if changing	Registered Agent:	•	
ereby accept the appointment as register visions of all statutes relative to the property the obligations of my position as reg	per and complete performance of	my duties, and I am familia	r with and

If Changing Registered Agent, Signature of New

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
MGR	David Lamb	2860 ne 5th ave	
		Boca Raton, FL	□Remove
		33431	□Change
			□Add
			□Rеmove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
_			
			□Remove
			□ Change
			□Add
			□Remove
			□Change

				
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ective date, if other than the d	late of filing:		(optional)
neffective date is listed, the date must be tel. If the date inserted in this bloom	be specific and cannot be price	or to date of filing or mor	re than 90 days after filin	g.) Pursuant to 605.02
cument's effective date on the Dep	partment of State's record	s.	requirements, this dat	e will not be fisted
	date, but not an effective	time, at 12:01 a.m. or	n the carlier of: (b) T	he 90th day after ti
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s filed.				
ed	. 10:56 pm	horized representative o	Ja	~w2

Filing Fee: \$25.00