Page: 2 of 6

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001676893)))



H210001676893ABC7

	17,1115	so will generate another cover sheet.	
T = .			्राची है
To:	Division of Corporations		
		: (850)617-6383	
From:			Ulos E
	Account Name	: LEGALZOOM.COM INC.	STATE STATE
	Account Numbe	r : I20010000062	
	Phone	: (323)962-8600	, , -
	Fax Number	: (323)962-3889	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RLDESIGNS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

JA8/a1

1 Page: 3 of 6

, *****

COVER LETTER

TO: Registration Se Division of Cor			
REDESIGN	NS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
·	Cheyenne Moseley		· 21
	<u></u>	Name of Person	2
	Legalzoom.com, Inc.		2021 APR ***
		Firm/Company	27
101 N Brand Blvd 11th Fl			
		Address	
Glendale, CA 91203			## **
	kdoomsday@bellsouth.ne		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)
Cheyenne Moseley		800 773-0888 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Stall	INC ADDRESS	STREET/COURI	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom.com, Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as It now appears or ed Liability Company)	n our records.)
he Articles of Organization for this Limited Liability Compa	my were filed on 03/15	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	202 8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-
ne new name must be distinguishable and comain the words "Limited Li	ability Company," the desig	nation "LLC" or the abbreviation "EL.C."
nter new principal offices address, if applicable:		1 1
Principal office address MUST BE A STREET ADDRESS	<u></u>	
		- 1 10
nter new mailing address, if applicable:	13550 Torrey Way	
Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 339	005
. If amending the registered agent and/or registered egistered agent and/or the new registered office address have a Name of New Registered Agent: Karen Doon	<u>nere</u> :	ur records, enter the name of the n
New Registered Office Address: 13550 Torro	ey Way	
	Enter Florida	street address
Fort Myers		Florida 33905 Zip Code
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Age		

I hereby accept the appointment as registered ugent 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

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			□ Change
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> </u>	20 Add
			Remove
			P Chánge
···			i∓i <u>~</u> Φ Add
			□ Remove
<del></del>			□ Add
			□ Remove
			□ Change
		<del></del>	□ Add
		<u></u>	□ Remove
			□ Change
			D Add
			☐ Remove
			<b>□</b> Ch

Page 3 of 3

Rodney L Dooms

Filing Fee: \$25.00

Typed or printed name of signee

a member or authorized representative of a member