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Special Instructions to	Filing Officer:	
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Office Use Only



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Y. SCOTT DEC 16 2021

COVER LETTER

TO: Registration S Division of Co			
	ETTER DESIGNS LLC	,	,
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
	oondence concerning this matter to		
	LOVETTE DOBSON		
		Name of Person	2021 DEC
		Firm/Company	- 0 1
	17350 STATE HWY 249,	#220 Address	PH 2
	HOUSTON, TX, 77064		2: 06 E.FL
	EFILE1234@INCFILE.CO	City/State and Zip Code M	ication)
For further information	E-mail address: (n concerning this matter, please co	to be used for future annual report notif	(Cation)
LOVETTE DOBSON		1 888-462-345.	
Nam	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	or the 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)
P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Coo The Centre of 2415 N. Monro Tallahassee, FI	porations Callahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

YARD LETTER DESIGNS LLC		<u> </u>
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa		and assigned
Clorida document number L21000187621		
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	iability company here:	
ON I GUIDANCE FRANCHISE CONSULTANTS LLC		
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>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
		o I
		111 T
		110
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maining address MAT BE A 1 031 01 11CE BOAY		
		a name of the new regist
B. If amending the registered agent and/or registered off	ice address on our records, enter the	: name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Flori	da

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
			□Remove
			Change
			□Add
			S ≥ □Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ Change
			Sign P CAda
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an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to dotote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	ate of filing or more than 90 days after	ional) er filing.) is date v	Pursuan will not	t to 605.02 be listed
record specifies a delayed effective date, but not an effective time, i is filed.	, at 12:01 a.m. on the earlier of: (b) The	e 90th d	ay after t
vated November, 30 2021				
Signature of a member or authorize	ed representative of a member			
-				