## L21000327651

(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	Registration S Division of Co		٠	,
CUDIC	Free to De	sign, LLC	*	į.
SUBJEC	1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		Melanie Blackwell		
			Name of Person	
		Free to Design, LLC		
			Firm/Company	
		7212 Seedpod Loop		
			Address	
		Wesley Chapel, FL 33545		
			City/State and Zip Code	
		melanie.blackwell31@gma		
		E-mail address: (	to be used for future annual report no	otification)
For further	er information	concerning this matter, please c	all:	
Melanie	Blackwell		724 5793511 at ()	
	Name	of Person		me Telephone Number
Enclosed	is a check for t	the following amount:		
■ \$25.0	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 Addre		Street Address:	lastion
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Free to Design, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	1
he Articles of Organization for this Limited Liability Com	pany were filed on July 19, 2021	and assigned
orida document number 1.21000327651		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
race Scott Interiors, LLC		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
A service to a form and decrease the service than		
nter new principal offices address, if applicable:		
<u>rincipal office address MUST BE A STREET ADDRES</u>	<u> </u>	2
	<u></u>	2021
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Annual Constitution and Annual Constitution		€ 50
ter new mailing address, if applicable:		<del>- W</del>
ailing address MAY BE A POST OFFICE BOX)	<u></u>	
		,
If amending the registered agent and/or registered of	Tice address on our records, enter th	ne name of the new registe
ent and/or the new registered office address here:	ince address on our records, enter the	te haire of the new registe
ent and of the new registered extres made too here.		
Name of New Registered Agent:		
Name Description of Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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 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>Títle</u>	<u>Name</u>	Address	Type of Action
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