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.

(((H21000374423 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone

: (407)932-0040

Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Binail Address:

LCAMND/RESTATE/CORRECT OR M/MG RESIGN SERVICE DESIGN BY ERMESON LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

OCT = 7 2021 S. PRATHER

Tallahassee, FL 32314

COVER LETTER

TO: Registration Division of C	Section orporations		
SERVICE SUBJECT:	E DESIGN BY ERMESON LI	.c	
	Name of L	imited Liability Company	
The enclosed Articles o	of Amendment and fce(s) are st	sharitand for filling	
	ondence concerning this matte	er to the following:	
	IVIS EMERSON PORTI	LLO PAZ	
		Name of Person	
	Service De	Sign by Emusion IIC	
	1620 Sandy Oak DR		
		Address	
	Davenport, FL 33896		
		City/State and Zip Code	
	E-mail address:	39000 9 mol 1 . Com (to be used for fitture annual report notification)	
For further information of	concerning this matter, please of	•	
IVIS EMERSON PORT	ILLO PAZ	407 4196437	
Name o	f Person	at (
		Doyalic Totopholic Hamber	
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address:	
Division of Co		Registration Section Division of Corporations	
P.O. Box 632'		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 OCT -6 PM 2: 34
SECRETARY OF STATE
TALLAHASSEE, FLORID

SERVICE DESIGN BY ERMESON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ty Company were filed on 09/29.	/2021
Florida document number L21000428393		and assigned
This amendment is submitted to amend the following	<u>.</u>	
A. If amending name, enter the new name of the	limited liability company here:	:
SERVICE DESIGN BY EMERSON LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the design	unation "LLC" or the abbrevious at LCV
Enter new principal offices address, if applicable:		perior 220 of the appreviation E.L.C.
(Principal office address MUST BE A STREET AD	INDECCI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our room	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		, Florida
N	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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			🗆 Add
			D Change
			□ Add
			□Remove
			□Change
			□Add
			🖾 Remove
			Change
			□ Add
			□Remove
			🗆 Change
			CJAdd
			□ Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	l		
		-	
		-	
		_	
		-	
	· · · · · · · · · · · · · · · · · · ·	-	
		-	
·		•	
		_	
		_	
	 		
		-	
	<u>_</u>		
			
E. Effective date, if other than the date of filling: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	rsuant to 605 I not be liste	.0207 (3 ed as th	-)(b) ic
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 record is filed.	Ith day after	the	
Dated 10 - 06 - 2021	SECR FALLA	2021 OCT	
IVIS Emerson Portillo 182	CRE FARY LAHASSE)CT -6	FILED
Signature of a member or authorized representative of a member IVIS EMERSON PORTILLO PAZ	COF STA	P	E D
Typed or printed name of signee		?: 3	

Filing Fee: \$25.00