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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Adore Designs, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERIC GARDNER Name of Person
Adore Designs LLC
17860 122 np Q N
Jupiter FL 33478 City/State and Zip Code
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC GARD VER at (501) 339- 2006 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: X \$25.00 Filing Fee \(\Boxed \) \$30.00 Filing Fee \(\Boxed \) \(\Boxed \) \$55.00 Filing Fee \(\Boxed \) \(\Boxed \) \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adore Designs 1	_ <i></i>	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		c . ?.
(Principal office address MUST BE A STREET ADDRESS)		22 6
		+ 8
		0 .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		illi. O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	P. Pl. II.	
	Enter Florida street address	
	, Florida	7: 6 1
	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 Type of Action **Address** Title Name 17860 12200 DR N DAdd

Jupiter FL 33478 XRem GARDNER DONNA □ Change MER ERIC GAROWER ☐ Change Remove Remove ☐ Change Remove __ □Change □Add □Remove

_____ □ Change

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