# L22000000161

(Requestor's Name)
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3/27/23 V.M.

SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Des	signs by Patrick Name of Lim	Sean LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patrick	Pitts Name of Person	
	Designs	by Patrick Sear	<u> </u>
	1320 Berkr	ran Circle \$	
	Sanford	Florida 32771 City/State and Zip Code	
	Pspills@gy	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Patrick P	f Person	at ( <u>407</u> ) <u>448</u> - Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$\frac{1}{}\$	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

Designs by Patrick Sean UC

(A Florida I	Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Co	mpany were filed on Janua	ru 28,2022 and assigned		
Florida document number <u>L22000090461</u>		J .		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
Patrick Sean Design: The new name must be distinguishable and contain the words Hamile	S LLC ed Liability Company," the designatio	π "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)	(0.5)		
		SE A		
Enter new mailing address, if applicable:		- <del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)		<u>∞0</u> ≥ Π		
		CAR E		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	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>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
<del>.</del>			
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effect Note: 1	ve date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	Van 2019. 2023.
	Cat Pita
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00