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R. HUNT 05/15/23

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Line Design	Solutions of Delray, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The color of Amiden of	A and and d d and and	animal for filing	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Nicole DiMattina		
	- · · · · · · · · · · · · · · · · · · ·	Name of Person	
	Line Design Solutions of F	Torida, LLC	
		Firm/Company	
	2829 NE 27th Avenue		
		Address	
	Lighthouse Point, FL 3300	54	
		City/State and Zip Code	
	ron@linedesignsolutions.co		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Ron Levitt		954 260-2803 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	oorations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Line Design Solutions of Defray, LLC	any as it now appears on our second	e)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	<u>3.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000127484	were filed on March 14 2022		an	d assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Line Design Solutions of Florida, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abl	breviatio	n "L.L.C."
Enter new principal offices address, if applicable:	2829 NF 27th Avenue		~.,	
(Principal office address MUST BE A STREET ADDRESS)	Lighthouse Point, FL 33064		: 3 : 3 : 3	
		77	; ;	• • • • • • • • • • • • • • • • • • • •
		24	5	
Enter new mailing address, if applicable:	2829 NE 27th Avenue	ASSE	P	177
(Mailing address MAY BE A POST OFFICE BOX)	Lighthouse Point, FL 33064	اران 15	7:	C
		J.	0	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter</u> Enter Florida street addres		e of the	e new registe
	, Flo	orida	Zip C	
New Registered Agent's Signature, if changing Registered Agent:	•			
		. •		
l hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	performance of my duties, ar	nd I am fe	amilia	r with and

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
			□Add
			□ Remove
			🗀 Change
			□ Add
			□ Remove
			□Change
			
			□Remove
			□ Change
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			□Change

Effective date, if other than the date of filing: 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.) Pursuant to 645 0207 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the rd is filed. Dated May 3 2023 Signature of a member or authorized representative of a member						
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