L22000129538

(Re	questor's Name)	
(Ad	dress)	
þÄ)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200391809792

factorization () a tento o communication

2022 AUG - 1 PM 1: 0

Long les



October 14, 2022

BRYAN WATKINS

11131 SPRING POINT CIRCLE RIVERVIEW, FL 33579

SUBJECT: BRYAN WATKINS, LLC

Ref. Number: L22000129538

We have received your document for BRYAN WATKINS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page is missing from your document. I have attached the last—for you to complete and submit back to us for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 522A00023082

Nadira D McClees-Sams EXECUTIVE ASSISTANT

2022 AUG - 1 PM 1: 02

COVER LETTER

	ion Section of Corporations
SUBJECT: B	yan Watkins, LLC Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Bryan Watkins Name of Person
	Firm/Company
	11131 Spring Point Circle
	Riverview 7.FL 33579 City/State and Zip Code
	Riverview 7.FL 33579 City/State and Zip Code Buat 0405@ 3 Mail. Com E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Bryon	at (859) 609-2118 Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing I	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Bryan Watkins LLC

(Nam€ of the Limi	ted Liability Comp (A Florida Limited	pany as it now ap Liability Compar	pears on our recay)	ords.)		
The Articles of Organization for this Limited L. Florida document number <u>L 2200112</u>	iability Compan	y were filed on	March 1	5,2022	, and assigne	d
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited lia	bility company	here:			
The new name must be distinguishable and contain the w Enter new principal offices address, if applie	Design	S,LLC			202	
The new name must be distinguishable and contain the w	vords "Limited Liah	ility Company," tl	ne designation "l.	LC" or the abbrev	iation L.C."	;
Enter new principal offices address, if applie	able:	,		···	<u> </u>	
(Principal office address MUST BE A STREE	TADDRESS)					_ _
					F	
						
Enter new mailing address, if applicable:				_	02	
(Mailing address MAY BE A POST OFFICE .	BOX)					
						
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office is here:	address on our	r records, <u>ente</u>	er the name of	the new reg	istered
Name of New Registered Agent:	Bryon	Watkin	<u> </u>			
New Registered Office Address:	11131	Spring F	Point Cir	-c1e		
	Rivervie	W City		Florida <u>33</u>	579	
New Registered Agent's Signature, if changing R				2.1	p cone	
	America (Carllet					

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>	Name	Address	Type of Action
AMBR	Samantha Watkins	11131 SPring Point Cir Rivervice, FL 33579	XAdd
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			
			□Remove

						
						
 						
						
						
						
						3
		-				022
	<u>.</u>					5.
	 				·····	
						PM 1:02
	· · · · · · · · · · · · · · · · · · ·				 -	-:02
		_			-	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
an effective date is listed of the lister of the date inser	ner than the date of d, the date must be speci rted in this block does date on the Departmen	itic and cannot be s not meet the ap	prior to date of filing plicable statutory	or more than 90 days at	otional) ter filing.) Pursi his date will n	uant to 605.020 not be listed a
is filed.	ayed effective date, b			.m. on the earlier of:	(b) The 90th	day after the
nted 180 Oct	rober 26th	208	2			
_	222/1	130				
Sa.	Signatur	re of a member or	authorized represent	ative of a member		

Filing Fee: \$25.00