Florida Department of State

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Division of Corporations

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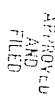
Account Name : SRQ PROPERTY LAW Account Number : I20180000050 Phone : (941)479-8500 Fax Number : (941)479-8501

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHLEY YVONNE DESIGNS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHLEY YVONNE DESIGNS, L	LC				
(Name of the Limit	led Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L22000148121	iability Company	were filed on	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	sility company here:			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC" or the a	boreviation "L.L.C."		
		1760 HUDSON ST			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ENGLEWOOD, FL 34223			
Enter new mailing address, if applicable:		1760 HUDSON ST			
(Mailing address MAY BE A POST OFFICE BOX)		ENGLEWOOD, FL 34223			
B. If amending the registered agent and/or ragent and/or the new registered office addre	• '	address on our records, <u>enter the nar</u>	ne of the new registerec		
Name of New Registered Agent:	RG Trust Servi	ices, LLC	2023 AL		
New Registered Office Address:	1800 2nd Stree		5 7 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
· · · - · · ·	Sarasota	Enter Florida street address Florida ³	14236 ₹ 14236 X		

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

OccuSign Envelope ID: 59DEFC38-E52A-4615-88F4-51A5EB7542EA H amending Authorized rerson(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	<u>Address</u>	Type of Action
AR	Jodi Ruberg	2 N. Tamiami Trail	□Add
		400	
		Sarasota, FL 34236	
MGR	Ashely Ruberg	1760 HUDSON ST	
		ENGLEWOOD. FL 34223	
			_
			□Change
			□Remove
			🗆 Change
			_\ _\ _\ _\ \
			□Remove
			☐ Change
			□Add
			□ Remove

 	
E. Effective date, if other than t	ne date of filing:
(If an effective date is listed, the date r <u>Note:</u> If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(0) block does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 9	. 2023
Dated	Company to the
	$(\mathfrak{L}b_{ij})$
	Signature of a member or authorized representative of a member
	Ashley Ruberg

Filing Fee: \$25.00

Typed or printed name of signee