L22000149305

(Red	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	<u></u>	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co		
	esigns LLC	
SUBJECT:	Name of Lim	ited Liability Company
The analoged Amielia of	Amendment and fee(s) are sub	united for filing
	ondence concerning this matter	-
rease return an correspo	ondence concerning and matter	to the following.
	Kris Cannon	
		Name of Person
	Parapet Designs LLC	
		Firm/Company
	517 Golf Club Drive	
	-	Address
	Santa Rosa Beach, FL 324	.59
		City/State and Zip Code
	kriscrealestate@gmail.com	to be used for future annual report notification)
	concerning this matter, please c	$\hat{\epsilon}_{i,j}$
Kris Cannon		850 218-3599 [
Name (of Person	
		PH -: -
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ITI ← Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 63		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parapet Designs LLC			
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ity Company were filed on03/28/2022	and a	ssigned
Florida document number L22000149305	·		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET Al	DDRESS)	 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2	··	
B. If amending the registered agent and/or regist	tered office address on our records, enter the na	me of the n	, pw registered
agent and/or the new registered office address he	re:		
		3	
Name of New Registered Agent:			0 \$
New Registered Office Address:		- 13.44 = = 13.44 = =	Z [[]
	Enter Florida street address	TS -	-
_	, Florida	11	<u> </u>
	City	Zip Cod	2

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>	Name	Address	Type of Action
AMBR	Kris Cannon	517 Golf Club Drive	□Add
		Santa Rosa Beach, FL 32459	□ Remove
			DAdd
			□Remove
			□Change
			□ Remove
			☐ Change
			□Add
		· · · · · ·	Remove
			Chânge
			□Remove
			□Remove
			□Change

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	January 3, 2024	, ,.	1. (7)
te: If the date inserted in this bl	st be specific and cannot be prior to date ock does not meet the applicable stepartment of State's records.	of filing or more than 90 days after tatutory filing requirements, thi	onal) filing.) Pursuant to 605 s date will not be liste
cord specifies a delayed effectiv s filed.	re date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after
eded	, 2024		
Kristyn Ca	NAON Signature of a member or authorized		

Filing Fee: \$25.00