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(Requestor's Name)
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PICK-UP WAIT MAIL
(Dusiness Fasis Mana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consisting of Street Officers
Special Instructions to Filing Officer:

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2023 AUG 29 AT: 7: 44

# COVER LETTER

TO:

то:	Registration Se Division of Cor		•	
CUD IE		SIGN H & L LLC		•
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		GUY AUCOIN		
			Name of Person	<del></del>
		2 GUY DESIGN H & 1. LI	I.C	
			Firm/Company	<del></del>
		1050 ENTERPRISE OSTE	EEN RD	
			Address	<del> </del>
		DELTONA, FL 32725-935	55	
			City/State and Zip Code	
		GUY@2GUYDESIGN.CO		
		E-mail address: (	to be used for future annual report noti	fication)
For furt	ner information c	oncerning this matter, please ca	all:	
GUY A	UCOIN		323 821-2373 at ( )	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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		Street Address:	ari a m
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	-
	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2 GUY DESIGN H & L.LLC

2023 AUG 29 AM 7: 44

	ited Liability Company as it (A Florida Limited Liability	Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited I	Liability Company were fi		• •
lorida document number L220(X)322717			
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liability co	mpany here:	
he new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" (	or the abbreviation "L.L.C."
Inter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
• • • • • • • • • • • • • • • • • • • •	E POV		
• • • • • • • • • • • • • • • • • • • •	E BOX)	<del></del> .	
• • • • • • • • • • • • • • • • • • • •	<u> </u>		
Mailing address MAY BE A POST OFFICE	registered office address	on our records, enter th	ne name of the new regi
Mailing address MAY BE A POST OFFICE	registered office address	on our records, enter th	ne name of the new regi
Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or	registered office address	on our records, <u>enter th</u>	ne name of the new regi
Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or tent and/or the new registered office address  Name of New Registered Agent:	registered office address ess here:		ne name of the new regi
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or gent and/or the new registered office addre	registered office addressess here:  GUY AUCOIN		ne name of the new regi
	registered office addressess here:  GUY AUCOIN	STEEN RD Enter Florida street address	ida 32725

#### 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
			□Add
			□Remove
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		<del> </del>	□Add
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			[]Changa

### Page 2 of 3

Effective date, if other than the date of filing:		
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