L22 000367 409

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(Only) Carlotte III
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2022 SEP -9 AMII: 34 SECRETARY OF STATE TALL AHASSEE, FL

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	Consultants, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	indence concerning this matter t	o the following:	
	Inez Mata		
		Name of Person	
		Firm/Company	
	3528 East Hampton Circle		
		Address	
	Alva, Florida 33920		
		City/State and Zip Code	
	ByDesignConsultant@outle	ook.com	
For further information of	E-mail address: (toncerning this matter, please ca	to be used for future annual report notif	ication)
	concerning the functor preserves	239 989-8189	
Inez Mata		at () Area Code Daytim	e Telephone Number
Name o	of Person	Area Code Dayum	retermine symme.
Enclosed is a check for t	he 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 Addre		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Co	
P.O. Box 63		The Centre of	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

By Design Consultants, LLC		
(A Florida	y Company as it now appears on our Limited Liability Company)	· records.)
The Articles of Organization for this Limited Liability Co Florida document number L22000367409		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	SECRETARY OF STARRY OF THE FEET OF THE NAME OF THE PROPERTY OF THE PROPE
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	ı address
	City	, Florida Zip Code

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>	<u>Name</u>	Address	Type of Action
COO	Sydney T Divita	7532 Cameron Circle	
		Fort Myers, FL 33912	■Remove
			□Change
AP	Francisco J. Mata, JR	3528 East Hampton Circle	□Add
		Alva, FL 33920	■Remove
			□Add
			[]Remove
			🖸 Change
			□Add
			□Remove
			(☐Change
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			□Change

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Signature of a member or authorized representative of a member	ted September 2	2022		
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		sagnature of a member or author	ized representative of a member	
		Typed or printed	name of signee	

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Filing Fee: \$25.00