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(Requestor's N	lame)
(Address)	
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(City/State/Zip	/Phone #)
PICK-UP WA	MAIL MAIL
(Business Ent	ity Name)
(Document Nu	umber)
Certified Copies Cert	ificates of Status
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2022 OCT 21 PH 2: 53 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PJDesign, L			
SUBJECT: 1 0 2 0 3 5 1 7	Name of Limited Liability Company		
The enclosed Articles of Amendment	and fee(s) are submitted for filing.		
Please return all correspondence conc	reming this matter to the following:		
Pres	ston Jones		
	Name of Person	_	
	Firm/Company	_	
129	Atlantic Avenue	(ô	2
	Address	TAL TAL	022 (
Indi	atlantic, FL 32903	ETA:	2022 OCT 21 PM 2: 5
	City/State and Zip Code	- 3 20 -	Md Id
pres	ton.jones9@gmail.com E-mail address: (to be used for future annual report notification)	25E.S	PM (
m call to attribute the			ν.
For further information concerning th	is matter, please cair:	111	٠,
Preston Jones	at (321) 5084879		
Name of Person	Area Code Daytime Telephone Number	ī	
Enclosed is a check for the following	amount:		
	(additional copy is enclosed) Certified	ate of Status	
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJDesign, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L22000426785		d assigned
This amendment is submitted to amend the following:		
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 I	Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS	S CER	200
	AH.	N 73
		- 1
Enter new mailing address, if applicable:	ان اندان	
(Mailing address MAY BE A POST OFFICE BOX)	73	ं रू
		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the	e new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip C	Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, and I am familia t as provided for in Chapter 605, F.S. Or, if this	r with and document is
īf	Changing Registered Agent, Signature of New Registered	Agent

If amend	ling Authorized Person(s ved from our records:	authorized to mana	ge, enter the title, name, and address of eac	th person being added
	Manager - Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Preston Jone	S	129 Atlantic Avenue	
			Indialantic, FL 32903	□Remove
				□Change
		S.		□Remove
				2020CT 2d SECRETAR SECRETAR S
				PHONE DEBemove
	·	,,,		□Add
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If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
 		
 		
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	AHASSEE,	
	STATE 53	The same of the sa
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this h	e date of filing:	.0207 (3)(b
document's effective date on the l		e de la lik
the record specifies a delayed effect cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated October 18	2022	
PL		
	Signature of a member or authorized representative of a member	
Preston Jo	Typed or printed name of signer	