122000439448

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(= ,/ ===== /
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

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TO: Registration Section Division of Corpora			
· SUBJECT: DOCTO	1100 12019	ris LLC led Liability Company	
The enclosed Articles of Amer			
Please return all corresponden	te concerning this matter t	o the following:	
	Ayrance	Houston Name of Person	
-	Dedicated De	SIGNS LLC Prim/Company	·
-	6105 N 1010	Street Address	
-		City/State and Zip Code	
\$ Mr.	E-mail address: (t	cated clesions 030 o be used for future annual report noutin	egmail. com?
For further information conce	ming this matter, please ca	ill:	
Auance Hous		at (\$13) Sw 7 - U Area Code Daytime	0592 Telephone Number
Enclosed is a check for the fol	lowing 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 Address:	ian	Street Address: Registration Sec	ction
Registration Sect Division of Corpo		Division of Cor	
P.O. Box 6327		The Centre of T	allahassee
Tallahassee, FL 3	2314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Declicated Designs Name of the Limited Liability Compa	ny as it now appears on our records.)
(A Florida Cimited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>12206439448</u> .	were filed on $10 12 2027$ and assigned
Fiorida document number 17200043 1445.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6724 North Florida
(Principal office address MUST BE A STREET ADDRESS)	Ave
	Tampa, Florida 33604
Enter new mailing address, if applicable:	. :
(Mailing address MAY BE A POST OFFICE BOX)	
•)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of themew registered
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	. Florida
	City 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:

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGL	Aviance Houston	8105 North 10th Street	∑ Add
ı		Tampa, F1 33004	□Remove
			□Change
AMBR	Aviance Houston	8105 NOTAN 10th Street	Add
		Tampa, F1 33604	□Remove
			□ Change
			DAdd
			□Remove
			□Change
			· , & □Add
			□Remove
			□ Change
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			□Change

N/A	
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ctive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applica	to date of filing or more than 90 days after filing.) Pursuant to 60: able statutory filing requirements, this date will not be list
iment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b) The 90th day afte
tiled.	
a January 20 2023	
0 2023	 ·
- Chiance Howta	nized representative of a member

Filing Fee: \$25.00