3/30/23, 7:07 AM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000119739 3)))



H230001197393ABC2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number ; I20010000062 Phone

: (323)962-8600

Fax Number

: (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
| | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NANNY DESIGNS LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 07 |
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NO 3 1 2023

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-----------------|------------------------------------|---|---|---|
| eun IE | | DESIGNS LLC | | |
| SUBJE | CT: | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Cheyenne Moscley | | |
| | | | Name of Person | · · |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th FI | | |
| | | ··· | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | nannydesigns@gmail.com | | |
| For furth | her information c | e-mail address: (oncerning this matter, please c | to be used for future annual report no | (HCMHOR) |
| | ne Moseley | outering this name, proude o | 800 773-0888 | |
| ——— | | f Person | at () Area Code Daytin | ne Telephone Number |
| | Nathe | rreison | Alea Code Dayin | ne relephone wantee |
| Enclosed | d is a check for th | ne 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) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314 | STREET/COUR Registration Section Division of Corport Clifton Building 2661 Executive Contact Tallahassee, FL 3 | orations Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NANNY DESIGNS LLC | | |
|---|---|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | . |
| The Articles of Organization for this Limited Liability Company v Florida document number L22000508537 | vere filed on 12/02/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" or the | abbreviation "L'L'.C." |
| | , , , | . 20 |
| Enter new principal offices address, if applicable: | | $\frac{\overline{\omega}}{\omega}$ |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | 5 |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office address here: | | er the name of the new |
| Name of New Registered Agent: | | |
| 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duties, and I are covided for in Chapter 605, F.S. C | n familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

To:

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 |
|--------------|-------------------|--|----------------|
| AMBR | Steven Dale Mcvay | | |
| | | 300 East Main Street, Ste. 193 Wauchula, FL 33873 | |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | · · · · · · · · · · · · · · · · · · · | Add |
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From: Laura Rodriguez

| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note | ctive date, if other than the date of filing: |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Date | d 12/27/22. |
| | Signature of a member of a thorized representative of a member |
| | |
| | Kimberly McVay Typed or printed name of signee |

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Filing Fee: \$25.00