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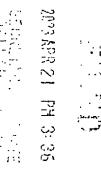
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: <u>HAY DE</u>	SIGN CONSULTANTS	, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Corpor	ate Maintenance Lea	ad	
		Name of Person		
	Proc	essing Department		
		Firm Company		
	1	450 Vassar St		
		Address		
		Reno, NV 89502		. 3
		City State and Zip Code		
	E-mail address; (to be used for future annual report notifi	ication)	第21
For further information co	oncerning this matter, please co	ntl:		
Process	ing Department	at (800) 638-2320		<u>ب</u> ن
Name o	Person		Telephone Number	
Enclosed is a check for the	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 Certificate of Certified Co (additional cop	of Status & py

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAY DESIGN CONSULTANTS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/20/23 and assigned Florida document number L23000039095 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 1502 Bay Oaks Dr. (Principal office address MUST BE A STREET ADDRESS) Albert Lea MN, 56007 Enter new mailing address, if applicable: 1502 Bay Oaks Dr. Albert Lea (Mailing address MAY BE A POST OFFICE BOX) MN, 56007 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	David Hay	1502_Bay_Oaks_Dr	
		Albert Lea	Remove
		MN, 56007	
			Remove 22
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			Add Ç?
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