123000238767

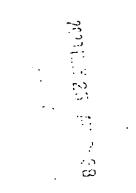
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilloss Elimy Nollie)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600409217226

60/20/20- 61613--629 | 4425.60



COVER LETTER

TO:

	Registration Sec Division of Corp			
	LGM DESIG			
SUBJEC	;T;		ited Liability Company	
The encl	osed Articles of A	umendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	idence concerning this matter	to the following:	
		LEE G. MACDONNELL	. <u></u>	
		<u> </u>	Name of Person	
		LGM DESIGN LLC		
			Firm/Company	
		16502 N. Dale Mabry Hwy	y	
			Address	
		Tampa, FL 33618		
			City/State and Zip Code	
		g.macdonnell@lgmdesign.c	om to be used for future annual report notification)	_
				•
For furth	er information co	incerning this matter, please ca	all:	
LEE G.	MACDONNELL		813 948-9100 at ()	
	Name of	Person	Area Code Daytime Telephone Nur	mber
Enclosed	is a check for th	c following amount:		
■ \$25 .	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LGM Design, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L23000238767		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. 27
		<u> </u>
Enter new mailing address, if applicable:		25
(Mailing address MAY BE A POST OFFICE BOX)		
Maning undress MAT BE ATOST OFFICE BOX)		
		<u>ස</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
TVENT TEGISTERY OF THE TRAINESS.	Enter Florida street address	
	Flor	rida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	CHRISTOPHER L. BELCHER	4507 WINDERWOOD CIRCLE	[]Add
		ORLANDO, FL 32835	=Remove
			□Change
AP	LEE G. MACDONNELL	16502 N. Dale Mabry Hwy	
		Tampa, FL 33618	□Remove
			Change
			∴ □∧dd
			:: :::::::::::::::::::::::::::::::::::
			යා ආ □Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

		
-		
		9: "
		:
		-
		:
		10
	05(10)2022	
fective date, if other than t	ne date of filing:	(optional)
ote: If the date inserted in this	block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
eument's effective date on the	Department of State's records.	
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after th
is med.		
May 19	2023	
\(\sigma \lambda \lamb	<u> </u>	
1.0 1/1/	Signature of a member or authorized representa	
TAKON / I/		