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| Certified Copies           | Certificates    | of Status     |
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| Special Instructions to Fi | ling Officer:   |               |
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## **COVER LETTER**

| TO: Registration So<br>Division of Con |   |   |  |
|--|---|---|--|
| SUBJECT:                               | 5 Kin By Or                                     | esign LLC   | ···  |
|  | Name of Lim                                     | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.   |  |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |
|  | Cryst   | Name of Person  |  |
|  |   | Name of Person  |  |
|  | Skin B  | By Design LL<br>Firm/Company  | . <u>C</u>   |
|  | 1923  | CR 738.   |  |
|  |   | Address   |  |
|  | Webste  | City/State and Zip Code   | 97   |
|  | Crystales<br>E-mail address:                    | Kinby Design FL.Co  | om<br>fication)  |
| For further information c              | oncerning this matter, please ca                |   | •  |
| Crystal                                | 1 Little  | at ( <u>352</u> ) <u>254</u> -<br>Area Code Daytim                  | 1722   |
| Nanc 0                                 | r reison  | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for th             | ne following amount:                            |   |  |
| <b>2</b> \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &<br>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:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 19 AH 7: 41

| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited   | ny as it now appea                  | s on our records.)   |
|--|-------------------------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000305246</u> .   |                                     | . / . /-   |
| Florida document number <u>CXJUUJU 3X7U</u> .  |                                     |  |
| This amendment is submitted to amend the following:  |                                     |  |
| A. If amending name, enter the new name of the limited liab  | ility company h                     | <u>:re</u> :   |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the c                | esignation "LLC" or the abbreviation "L.L.C."                                      |
| Enter new principal offices address, if applicable:  |                                     |  |
| (Principal office address MUST BE A STREET ADDRESS)  |                                     |  |
|  |                                     |  |
|  |                                     |  |
| Enter new mailing address, if applicable:  |                                     |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                     |  |
|  |                                     |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our r                    | ecords, enter the name of the new registe  |
| Name of New Registered Agent:  |                                     |  |
| New Registered Office Address:   |                                     |  |
|  | Enter Flor                          | ida street address   |
|  | , Florida                           |  |
|  | City                                | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  |                                     |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office | performance of<br>provided for in C | my duties, and I am familiar with and<br>Chapter 605, F.S. Or, if this document is |

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>    | <u>Address</u>          | Type of Action |
|--------------|----------------|-------------------------|----------------|
| AMBR         | Crystal Little | 1923 CR 738 Webster, FC | 33597 BAdd     |
|              |                |                         | Remove         |
|              |                |                         | □Change        |
| AMBR_        | Kevin Little   | 1923 (R 738 Webster, FC | 3.35774Xdd     |
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| reffective date is listed,<br><b>te:</b> If the date inserte | than the date of fining:  (optional)  the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ed in this block does not meet the applicable statutory filing requirements, this date will not be listed ate on the Department of State's records. | 207<br>l as |
|  |   | •           |
| cord specifies a dela<br>s filed.                            | yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t  | ne          |
| 1 /  |   |             |
| ted 6/11/12  | 11/2 3023   |             |
| 7  | 1/ 4 0 N/ Will.   |             |
|  | Criptal N. ALTH   |             |
|  | Signature of a member or authorized representative of a member  |             |
|  |   |             |

Filing Fee: \$25.00