L23000411101

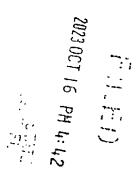
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	10116
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09/21/23--01020--005 **25.00



COVER LETTER-

TO: Registration S Division of Co			
FUTURE	DESIGN CONTRACTING LLC	3	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALBALUCIA FOLEY - R	EGISTERED AGENT	,
		Name of Person	
	FOLEY FORENSIC ACC	OUNTING LLC	
Firm/Company			
4100 CORPORATE SQUARE STE 100			
		Address	
	NAPLES FL 34104		
		City/State and Zip Code	
	INFO@FOLEYFORENSIC		
For further information	concerning this matter, please e	to be used for future annual report not all:	mication)
ALBALUCIA FOLEY		239 300-6660	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the 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)
Mailing Addre		Street Address:	
Registration	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUTURE DESIGN CONTRACTING LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	cars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L23000411101}{L23000411101}$.	09/01/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
FUTURE DESIGN HOME INNOVATIONS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2023
	<u> </u>
Enter new mailing address, if applicable:	5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	-:
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter F	Florida street address
	Florida

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

Zip Code

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
			□Add
		. <u> </u>	□Remove
<u></u>			
			□Remove
		<u></u>	Change
			□Add
			□Remove
			☐ Change
			□Add
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ote: If the date inserted in this	block does not meet	the applicable st	itutory filing requi	rements, this date wi	Il not be listed a
ocument's effective date on the	Department of State	's records.			
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Filing Fee: \$25.00