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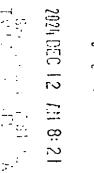
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			,
SUBJECT: DONE	Right Decals 1	LLC	
<u> </u>	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:	
	Ros	Spirit Lima Name of Person	
	Doi	ne Right Decals LL	. <u>C</u>
	•	Firm/Company	
		O SW 92 AVE	
	Cu	Her Bay, FL 33181	9
	inf	City/State and Zip Code	\wedge
	E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	all:	
Rosniel	Lima	at (786) 546 -	7136
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Done Rig	ht Decals	LLC			
(<u>Name of the Limiter</u> (7	Liability Compan V Florida Limited Li	v as it now appe ability Company	ars on our records.)		
The Articles of Organization for this Limited Lia	bility Company v	were filed on _		and	d assigned
Florida document number <u>L a3000490a41</u>					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	lity company l	<u>nere</u> :		
Done Right Designs LLC The new name must be distinguishable and contain the work					
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ty Company," the	designation "LLC" or (the abbreviation	on "L.L.C."
Enter new principal offices address, if applica	ble:	<u> 187a6</u> .	SW 105 place		
Principal office address MUST BE A STREET	(ADDRESS)	Miami,	FL 33157		3 2 3
					7
				(
Inter new mailing address, if applicable:		N/A			3
(Mailing address MAY BE A POST OFFICE BOX)		•			
*					<u>cö</u>
3. If amending the registered agent and/or re		ddress on our	records, enter the	name of the	e new register
gent and/or the new registered office address	<u>here</u> :				
Name of New Registered Agent:	N/A				
New Registered Office Address:	18726.		place		
	M. ano.	Enter Fl	orida street address	22165	7
	<u>Miami</u>	, <u></u>	Florid	a <u>3315</u>	<u> </u>
		City		Zip (ode

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. Thereby confirm that the limited liability

New Registered Agent's Signature, if changing Registered Agent:

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

Title	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
	1		□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
		-	□Remove
		-	
		_	□Add
			□Remove

	N/A
	<u> </u>
If an e Note:	tive date, if other than the date of filing:
ie reco ord is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	December 6 a0a4.
	Signature of a member or authorized representative of a member
	manage of a member of animalized representative of a member

Filing Fee: \$25.00