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

TO: Registration Sec Division of Corp				
SUBJECT:	LEEPING DESIGN !	LC.		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	niued for filing.		
Please return all correspor	ndence concerning this matter t	to the following:		
	JE	NNIFER COLEMAN Name of Person		
	KE	EPING DESIGN LLC Firm/Company	<del></del>	
	1046	NE JENSEN BEACH B	LVD.	
	Jenser	N BEACH, FL. 34957 City/State and Zip Code	<u> </u>	
	JENNIFER 6 E-mail address: (t	DESIGNKEEPING. Com o be used for future annual report notif	ication)	
For further information ec	oncerning this matter, please ca	dl:		
JENNIFER COLEMAN Name of Person		at ( <u>815</u> ) <u>711 - 6995</u> Area Code Daytime Telephone Number		
Enclosed is a check for th	e following amount:			
W \$25.00 Filing Fee	S30.00 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 Address		Street Address:	otion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEEPING DI	ESIGN LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record. In Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability of Florida document number <u>L24000016113</u>	Company were filed on $\frac{1/5/2024}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	<b>2</b>
The new name must be distinguishable and contain the words "Li	mited Liability Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		25 ORIDA
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	N.S
	, FI	orida
	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 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
MGR	JENNIFER COLEMAN	1962 SE GIBBS AVE PORT ST. LUCIE	5, FL (VAdd 34952
			□Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
<del></del>			□ Add
			□Remove
			□Change
<del></del>			□Add
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		<del></del>	□Add
			□ Remove
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