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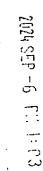




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COVER LETTER

TO:

Registration Section

Division of Corporations Rescale Design Collaborative SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Danielle Elzahr Name of Person Rescale Design Collaborative Firm/Company 927 NE 6th Street Address Pompano Beach, FL 33060 City/State and Zip Code danielle@rescalecollab.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danielle Elzahr 394-4861 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 1 -Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rescale Design Collaborative LLC

(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
ne Articles of Organization for this Limited Lia	bility Company	were filed on April 24, 2	024 and assigned	
orida document number L24000192144	·			
nis amendment is submitted to amend the follow	wing:			
If amending name, enter the new name of	the limited liab	ility company here:		
e new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:		927 NE 6th Street		
rincipal office address MUST BE A STREET ADDRESS)		Pompano Beach, FL 33060		
nter new mailing address, if applicable:		927 NE 6th Street		
Mailing address MAY BE A POST OFFICE BOX)		Pompano Beach, FL 336	060	
If amending the registered agent and/or regent and/or the new registered office address		address on our records,	enter the name of the new regis	
Name of New Registered Agent:	Danielle Elzahr			
New Registered Office Address:	927 NE 6th Stre	<u> </u>		
		Enter Florida stree		
	Pompano Beach		, Florida <u>33060</u>	
		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
MGR	Danielle Elzahr	927 NE 6th Street	
		Pompano Beach, FL 33060	□P
			□Change
	Nat Smith		□Add
			Remove
			□Change
		 	□ Add
			Remove
			Change
			
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	8/28/2024		
fective date, if other than the n effective date is listed, the date mus	date of filing:	gte of filing or more than 90 day	(optional)
te: If the date inserted in this bl	ock does not meet the applicable	statutory filing requirement	ts, this date will not be listed
cument's effective date on the De	epartment of State's records.		
ecord specifies a delayed effectiv	e date, but not an effective time	at 17:01 am on the earlier	of: (b) The 90th day after the
is filed.	e date, out not an enective time,	at 12.01 a.m. on the caller	or. (b) The sour day after the
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August 28			., o
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	Signature of a member or authorize	d representative of a member	