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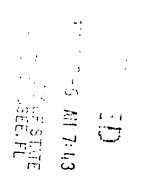
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11. HENT ES/C6/24

COVER LETTER

TO: Registration Section

rporations					
EST FLORIDA DESIGN SER	VICES LLC				
Name of Lin	nited Liability Company	·			
Amendment and fee(s) are sub	omitted for filing.				
ondence concerning this matter	to the following:				
Luke Kleinsasser					
······································	Name of Person				
SOUTHWEST FLORIDA	DESIGN SERVICES LLC				
	Firm/Company				
1409 SE 31st ST					
	Address				
Cape Coral, FL 33904					
	City/State and Zip Code				
sdsllc@protonmail.com		····			
	•	itication)			
concerning this matter, please c	all:				
	239 603-1503 at ()				
of Person		ne Telephone Number			
he following amount:					
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	<u>Street Address:</u> Registration Se	ection			
Division of Corporations P.O. Box 6327		Division of Corporations			
		Fallahassee be Street, Suite 810			
	PEST FLORIDA DESIGN SER Name of Lim I Amendment and fee(s) are subsondence concerning this matter Luke Kleinsasser SOUTHWEST FLORIDA 1409 SE 31st ST Cape Coral, FL 33904 sdsllc@protonmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter of Status) ss: Section Corporations 27	Amendment and fee(s) are submitted for filing. In the following amount: Sign Sig			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHWEST FLORIDA DESIGN SERVICES LLC	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Cor	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 6/17/24 and assigned
lorida document number	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability comp	pany here:
SUBLIME DESIGN SERVICES LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Trincipal office address MOST BE A STREET ADDRESS)	
	and the second
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	The state of the s
 If amending the registered agent and/or registered office address or gent and/or the new registered office address here: 	our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	, Florida
Circ	Zin Coula

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
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			□ Remove
			□Change
			□Add
			□ Remove
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ve date, if other than the o	date of filing:	<u> </u>	(optional)		
	be specific and cannot be prior to dock does not meet the applicable				
ent's effective date on the De					
	date, but not an effective time,	at 12:01 a.m. on the ear	rlier of: (b) The	90th d	ay afto
ed.					
Santambar 7	2024				
September 7	2024				

Typed or printed name of signee

Luke Kleinsasser