

L14000137356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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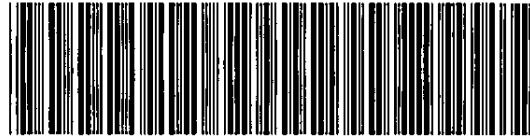
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

SEP 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: design studio wis LLC
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:

mario Aguilar
Name of Person
Design Studio wis
Firm/Company
119 NE 14th St
Address
miami FL 33132
City/State and Zip Code
~~ds~~ ds615aa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

mario Aguilar at (786) 266 3560
Name of Person Area Code Daytime 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Design Studio WIS LLC

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 4, 2014.

Stephanie Rosado

Signature of a member or authorized representative of a member

Stephanie Rosado

Typed or printed name of signee

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