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COVER LETTER

TO:

Registration Section

Div	sision of Cor	porations		
	ELFIN DE	SIGN LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
			IRINA KAMINSKY	
		ELFIN DESIGN LLC	Name of Person	
		19111 COLLINS AVE. AI	Firm/Company T 804	
	Address SUNNY ISLES BEACH, FL 33160			
		IRYNA@IRYNAK.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please ca	all:	
IRINA KA	MINSKY		954 326-34-12	
	Name o	l'Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 H	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELFIN DESIGN LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears or a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number L16000140776	Company were filed on	27, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
O2 DESIGN STUDIOS LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		1 S T
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		3
		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ir records, enter the name of the new
New Registered Office Address:	Enter Florida	Street address
		•N • •
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	,
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my gent as provided for in Cha ed office address. I hereby c	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			□ Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change

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(If an eft <u>Note:</u>	ive date, if other than the date of filing:
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	DECEMBER 20 2018

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Filing Fee: \$25.00