## 116000181930

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Effective - C7/0/2018

OIVISION OF CONFORMION

N COOPER JUN 2 6 2018

## **COVER LETTER**

. Division of Co	n por attons		
THEY DE SUBJECT:	ESIGN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing	
	oondence concerning this matter		
r lease return an correst	ionactice concerning this matter	to the following.	
	Roland Schwend EA		
		Name of Person	
	R.O.S. Financial Services	Inc.	
		Firm/Company	
	8569 Pines Blvd. Suite 215	5	
		Address	
	Pembroke Pines, FL 33024	I	
	smarttax@earthlink.net	City/State and Zip Code	
	<del>=</del>	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Roland Schwend EA		954 474-1660	
Name	of Person	at ()	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:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEY DESIGN LLC		
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company were filed onSince	eptember 29, 2016 a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here	<u>5</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	ignation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEL SEL
<u></u>		- 100 Section 1
		25
Enter new mailing address, if applicable:		<b>10</b> 00000
(Mailing address MAY BE A POST OFFICE BOX)		7: 5:
		02
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	our records, <u>enter the r</u>	name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	a street address	
	Florida	
City	Zip	o 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Seyward Fraiha-Portier	1745 SW 81 Lane	■ Add
		Davie, FL 33324	Remove
			Change
			Add
			☐ Remove
		<del></del>	Change
	<del></del>		Add
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	July 1st, 2	018
ffective da 'an effective	te, if other than the date of filing:  July 181, 2  July 181, 2  July 181, 2	(optional)
<u>iote:</u> If the	date inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will not be liste
	specifies a delayed effective date, but not are day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ated	June 20th 2018	
	010	

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Typed or printed name of signee

Filing Fee: \$25.00