## L250000099520

Office Use Only

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09/11/25--01008--006 \*\*25.00

S. CHATHAM

SEP 16 2025

## **COVER LETTER**

TO:	Registration Se Division of Cor			•
ELID III		S DESIGN & PRODUCTS L	LC	
SUBJEC	LT:	Name of Lim	ited Liability Company	<u> </u>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MARCELA L VALVE	RDE ROJAS	
			Name of Person	<del> </del>
		MARCELA L VALVE	RDE ROJAS	
			Firm/Company	
		149 E 3RD ST 106		
			Address	
		HIALEAH, FL, 33010		
		-	City/State and Zip Code	
		E-mail address: (	to be used for future annual report n	notification)
For furth	her information e	oncerning this matter, please c	all:	
MARC	ELA L VALVER	RDE ROJAS	917 4766320	
·	Name o	f Person	at () Area Code Day	time Telephone Number
Enclose	d is a check for t	he 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 Addres		Street Address: Registration (	
	Division of C	Corporations	Division of C	Corporations
	P.O. Box 632	77	The Centre o	f Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## OCTOPUS DESIGN & PRODUCTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on 02/27/2025	and assigned
Florida document numberL25000099520	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
S OCTOPUS DESIGN & PRODUCTS LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	ed office address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
Non-Danistanad Anance Signature if abanging Danistans	•	Lip wide
New Registered Agent's Signature, if changing Registers		at a management of the state of
I hereby accept the appointment as registered agent	t and agree to act in this capacity. I fur	
provisions of all statutes relative to the proper and caccept 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.	agent as provided for in Chapter 605, I red office address, I hereby confirm tha	E.S. Or, if this document is

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>:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			DAdd
			□Remove
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Offective date, if o	ther than the date o	f filing:		(optic	onal)	
Note: If the date ins	ther than the date of sted, the date must be spec- serted in this block does the date on the Departme	is not meet the applic	able statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to 605. date will not be liste	.020 :d a:
e record specifies a c rd is filed.	lelayed effective date, l	but not an effective ti	ime, at 12:01 a.m.	on the earlier of: (b	) The 90th day after	the
SEPTEMBI	ER 02	. 2025	·			
	Signatu	ire of a member or author	orized representative	of a member		
			a Valverde			

Filing Fee: \$25.00