# L11000051737

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## **COVER LETTER**

TO: Registration Section Division of Corporation		,	,
SUBJECT:P	Design Rame of Limit	ted Liability Company	
The enclosed Articles of Ai	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Carolina	B. Swarz 2  Name of Person	
		Firm/Company	
	PO Box	140025 Address	
	Cocal Go	City/State and Zip Code	114
	E-mail address: (t	o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	ill:	
CAVOUNA Name of P	SWW-e Z	at (305) 445- Area Code Daytime	COOLI 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ CP Design Bu	ild, LLC	
( <u>Name of the Limit<del>ell</del> Liability Co</u> r (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	23 23 25 and assigned
The Articles of Organization for this Limited Liability Compa	any were filed on OS 02 20 U	and assigned
Florida document number <u>L   1000051737</u>	, ,	<u>~</u>
This amendment is submitted to amend the following:		TP I
A. If amending name, enter the new name of the limited l	iability company here:	4:17
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	3305 SW 37m MIAMI PL. 331.	+ AUR
(Principal office address MUST BE A STREET ADDRESS)	MIAYI, PZ. 331.	33
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3114
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	olina Suarez, Esq.	
New Registered Office Address: 67	61 SW 48 ST Enter Florida street address	<del></del>
$\overline{W}$	Civ Florida Florida	33156 Zip 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, 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
MGR	Rene Diaz de Villegas	P.O BOX 140625 COCAL GABLES, FE 33.114	MAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff lote:	ive date, if other than the date of filing:
ocum	ent's effective date on the Department of State's records.
recor is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	OCTOSTIL 19. 2003.
	Signature of a member of authorized ten esentative of a member
	Craig Schatter Typed or printed name of signee