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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESIGN MIAMI II, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our reco	ords.)
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.07000047446	were filed on May 3, 2007	and assigned
This amendment is submitted to amend the following:		
orida document number 1.07000047446  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  He new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC" inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered.		
The new name must be distinguishable and contain the words "Limited Liab!	lify Company," the designation "L	.LC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		25
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
•		£1112
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street ado	drass
	1	Florida
	City	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.

2020-12-29 13:53:32 CST 16144554862 From: James To Tc: 18506176383 Page: 4 of 5

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>	Name	Address	Type of Action
Member	Design Commerce Technologies, Inc.	3841 NE 2nd Avenue, Suite 400	<b>\</b> Add
		Miami, Florida 33137	□Remove
			Change
MGRM	Design Miami, Inc.	3841 NE 2nd Avenue, Suite 400	□Add
		Miami, Florida 33137	Remove
			C 29Add PM Les I
			☐Change
1-2			□Add
			□Remove
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From: James T

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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b)	The 90t	h day aftı	er the
is filed.				
tted December 24 , 2020				

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