Division of Corporations

October 31, Page 1 of 4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000242196 3))).



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Ψrom;

Account Name : API PROCESSING

Account Number : 120110000069 : (954)567-0013

: (954)567-3401 Fax Number

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

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESIGN RELATED, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 0 1 2013

D. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/31/2013

9545673401

NO.039 #002

H13000242196 3 October 31, 2013 Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Design Related, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L07000105690</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	<u>nany here</u> :
The new name must be distinguishable and end with the words "Limited Liabilit" L.L.C."	ty Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	71. 123
B. If amending the registered agent and/or registered office addr	
H. If amending the registered agent and/or registered office address here:	ess on our records, enter the torner
Name of New Registered Agent:	T. CO grants
New Registered Office Address:	7. 59
	Enter Florida street address
	, Florida
City	ZIP COAE

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 608, 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 Avent

Page 1 of 3

HO.039 #003

H13000242196 3
October 31, 2013
Page 3 of 4
If amending the Managers or Managing Members on our records, enter the fitte, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGR	Name Ignacio Guzman-Cintas	Address 9416 Carlyle Avenue	Type of Action Add
		Surf Side, FL 33154	Remove
***			Add
			Remove
			Add Remove
			2 Add Tools
			AM 8: 55.dd
			Remove
			Add

NO.039 #004 H13000242196 3 October 31 , 2013 Page 4 of 4

D. Ha	imending any other information, enter change(s) here: (Anach additional sheets, if necessary)
:	
•	
Dated	0-31-2013
	1 secree Papel
	Signature of a member or authorized representative of a member
	Milena Paparoni
	Typed or printed name of signee
· ;	Page 3 of 3

Filing Fee: \$25.00