L07000105690

(Requestor's Name)	_			
(Address)	_			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corp		-		
SUBJECT:	Desigr	n <u>Related I</u>	IC	
	Name of Lin	nited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Mile	ena Paparo	oni ·	
	Desig	n Related	Llc	
	- · - · - ·	Firm/Company		
	8101 Bis	cayne Blvı	<u>d #205</u>	
	Mia	ami fl 3313	8	
	milena@	City/State and Zip Code O City/State and Zip Code O City/State and Zip Code To be used for future annual report no	lated.net	~>
For further information co	oncerning this matter, please c	•	Ameadon)	2020 S
	Paparoni	786-34	4-7017	2020 SEP 25
Name of	·		me Telephone Number	PH L
Enclosed is a check for th	e 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 Stal Certified Copy (additional copy is en	tus &
Mailing Address	<u>s:</u>	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

 \sim

(Name of the Limited	d Liability Company A Florida Limited Lia	as it now appears on our records.) bility Company)	DO SEI		
The Articles of Organization for this Limited Lia Florida document numberL070001050		ere filed on	and assigned		
This amendment is submitted to amend the follow	C				
A. If amending name, enter the new name of t	the limited liabili	ty company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability	c Company," the designation "LLC" or t	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		8101 Biscayne Blyrd			
(Principal office address MUST BE A STREET ADDRESS)		#205_Miami Fl 33181			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(<u>OX)</u>	8101 Biscayne I Miami FL3			
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our records, enter the	name of the new registere		
Name of New Registered Agent:		Milena Paparoni			
New Registered Office Address:	8 <u>101 Bisca</u>	ayne Blvrd #205 Mia Enter Florida street address	mi Fl 33138		
		, Florida	a 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 &gistered 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>Name</u>	<u>Addr</u>	ess	Type of Action
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_	Owners distribution: Jose R. Oviedo	
-	50%. Milena Paparoni 50%	
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	Sep 18 2020 (optional)	
(If an efi Note:	ive date, if other than the date of filing:	
the recorecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte led.	er the
	Sep 18th 2020	
Dated		
Dated	Sep 18th 2020 Signature of a member or authorized representation of a member	

Typed or printed name of signee