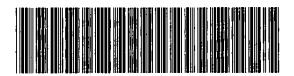
L10000034743

(Requestor's Name)		
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SECRELARY OF STATE
SHORE LARY OF STATE
AND SEEF, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp			er en	
SUBJECT:	SEMPER SEI	MPER DESIGN, LLO		
		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
		ALBERTO ORSINI		
		Name of Person		
SEMPER SEMPER DESIGN, LLC				
		Firm/Company		
2421 NE 65TH STREET, APT. 313				
		Address		
	FT. LAUI	DERDALE, FLORIDA	33308	
		City/State and Zip Code		
	subn E-mail address: (1	nissions.jbn@gmail.cor to be used for future annual report	notification)	
For further information co	ncerning this matter, please c	•	,	
ALBE	RTO ORSINI	at (954)	325-9864	
Name of	Person		aytime Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

* 17.	
FILED 10 APR -6 PM SECHETARY OF STAIL AHASSEE, FLO	_
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SAMPER SAMPER DESIGN, LLC (Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company) LUKIDA The Articles of Organization for this Limited Liability Company were filed on MARCH 30, 2010 and assigned Florida document number _____L10000034743 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SEMPER SEMPER DESIGN, LLC The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ____ City

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 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Address Type of Action Name ☐ Add Remove □ Remove Add [Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ALBERTO ORSINI Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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