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(Red	questor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
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(Doc	cument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/14/201		573 Frésid
		[N++
ENTITY NAME_	BUILDING BLOCKS (US), LLC	
DOCUMENT NU	IBER	_
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
PLEASE FILE THE ATTACHED AND RETURN		
	Certificate of Status	
	Certified Copy of Arts & Amendments	S), LLC E THE ATTACHED AND RETURN** HE FOLLOWING FOR THE ABOVE ENTITY** Arts & Amendments Id Standing CHECK # 4835 4537
	Certificate of Good Standing	
	The state of the s	
COUNTRY OF DE	PTINATION	
NUMBER OF CER	TIFICATES REQUESTED	
TOTAL OWED_	CHECK # 4835 4537	
Please call Ti	a at the above number for any issues or concerns. Thank you so much!	

COVER LETTER

TO: Registration Se Division of Cor				
Building B	locks (US) LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	-		
	Ashley Valdes			(
		Name of Person	<u> </u>	
	Hand Baldachin & Ambur	gey LLP		
		Firm/Company	-	
	8 W 40th Street, 12th Floor	ır	•	•
		Address	-	
	New York, NY 10018			
	This and Obvilding blu	City/State and Zip Code	<u></u>	
	j.luijtgaarden@building-blo E-mail address: (to be used for future amoual report notifi	cation)	
For further information of	concerning this matter, please c	•		
Jasper van de Luijtgaard	den	+44(0) 161 4	41 0600	
Name o	of Person	Area Code Daytime	Telephone Number	THE THE
Enclosed is a check for t	the following amount:	,	表現	8 -
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	Certificate of Stating & Certificate of Stating & Certified Copy (additional copy is enclosed)	FILED FILED 15
			Y *	

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

Building Blocks (US),LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	
(A Liouas Dinnea Dis	totilly Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on May 7, 2010	_ and assigned
Florida document number L10000049454		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company bere:	
Dept Design & Technology LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "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 off	ion address on our records enter th	sa name of the new
registered agent and/or the new registered office address here:		ie name or the new
registered agent and or the new registered office address hare-	•	
•		
Name of New Registered Agent:		
Name Designated Office Address		
New Registered Office Address:	Enter Florida street address	2
	Ĩ	温 = -
	, Florida	3/ 11 T
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	SE M
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agre	e to comply with the
provisions of all statutes relative to the proper and complete p	performance of my duties, and I am fa	miliar with and
accept the obligations of my position as registered agent as pr	rovided for in Chapter 605, F.S. Or, ij	this document is
being filed to merely reflect a change in the registered office of	address, I hereby confirm that the limi	ted hability
company has been notified in writing of this change.		X

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

<u> </u>	Name	Address	Type of Action
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
			
			☐ Remove
			□ Change
			□ Remove
			Change
			产
			ALCO Remover
			C Change 5
			□ Remove
			Change.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ffect	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	ነንስፕ (ፕኒ/
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as the
		-
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
.,,,	SEE L	ï
ated	February 14 2018 TO	
	52	, -
	Signature of member or authorized representative of a member	n

Page 3 of 3

Filing Fee: \$25.00