## L11000001465

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SECRETARY OF STATE DIVISION OF CORPORATIONS

N. Culligan FEB = 4 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jack Ospina						
Name of Person  PESIGN LLC  Firm/Company						
6890 SW 19 ST						
Miami FC 33155  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jack Osping at 305 815 – 8384  Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)}\$\$\ \text{Certified Copy} \text{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



	Or	3 AM
<u> 400 C</u>	ESIGN, LLC	AMITE OF
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recording Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liabil	ity Company were filed on /// 7///	and assigned
Florida document number <u>(1100007</u>	<u> 165</u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company horos	
A. If amending name, enter the new name of the	enimited hability company here.	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable	· · · · · · · · · · · · · · · · · · ·	<del></del>
(Principal office address MUST BE A STREET A	DDRESS)	
	<del> </del>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or r	registante esta adduces on our records	nton the name of the name
registered agent and/or the new registered office		nter the name of the nev
Name of New Registered Agent:		
New Besistered Office Address		
New Registered Office Address:	Enter Florida stre	et address
		_
_	, Flori	da

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
<u> YGR</u>	Richard Ospiv	19 6890 SW 1 MISMI, FL 33155	S S T Add Remove
			Add Remove
			Add Remove
<del></del>	······································		SECRETARY USION OF C
	<del></del>		□ Add OF STATE
			Add Remove
D. If ame		change(s) here: (Attach additional sheets,	
-	Please Add R	C Thenk You	<u>as a</u> member <u>estions</u> (305)815-838
-	Please call m	ne for any qu	estions (305)815-838
- 	January 31	2021	**************************************
Dated	1		
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00