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## **COVER LETTER**

TO:	Registration Sec Division of Cor			
SUBJ	ест: <u> </u>	DU Design Lu Name of Lin	LC nited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		- You ( 6890 S	Name of Person  Pesign LLC Pirm/Company  W 19 St Address  FC 33155 City/State and Zip Code	
		JREALT	YINC @AOC to be used for future annual report noti	· Com
For fu	ther information co	n-mail address: (		fication)
	Sack Os Name of	Person	at (305) 215 8 Area Code Daytim	8 38 4 e Telephone Number
Enclos	ed is a check for the	e following amount:		
<b>E</b> \$2	5.00 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 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, Ft. 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

You Design, LLC	
( <u>Name of the Limited Estability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1/000007465</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	promitted to amend the following:  e., enter the new name of the limited liability company here:  tinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."  offices address, if applicable:  ess MUST BE A STREET ADDRESS)  Address, if applicable:  When FC 331.S.S  defenses, if applicable:  Experimental agent and/or registered office address on our records, enter the name of the new or the new registered office address here:  When Registered Agent:  The City Support of the comply with the company of the comply with the company of the comply with the company of the company of the company of the company with the company of the compa
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	6890 SW 19 St
(Principal office address MUST BE A STREET ADDRESS)	Migmi, FC 33155
Enter new mailing address, if applicable:	6890 SW 19 ST
(Mailing address MAY BE A POST OFFICE BOX)	- 1714m1, FC 33133
B. If amending the registered agent and/or registered offeregistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Euton Florida street address 99
	Florida
Non-Designated Association (Company of the control Designated Association (Company)	7
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree  provisions of all statutes relative to the proper and complete p  accept the obligations of my position as registered agent as pr  being filed to merely reflect a change in the registered office a  company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

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>Title</u>	<u>Name</u>	Address	Type of Action
M6R	Jack Ospina	6890 SW 19 St	<b>D</b> Add
	•	6890 SW 19 St Migmi, FC 33155	Remove
			☐ Change
	••••		D Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
, 			
			Remove
	,	☐ Change	
		Add	
		Remove	
			☐ Change
			Remove
			Change
			☐ Remove
			□ Change

	ny other information, enter change(s) here: (Attach additional sheets,	
Meas	se add Jack Ospins as Ma.	n <del>sge</del> C
to_	Two Design, LLC. Previosly had resig	ard but
<u>has</u>	se add Jack Ospins as Ma. Two Design, LLC. Previosly had resig Changed Mind and is back a	s manager.
<del></del>		
		***************************************
<del></del>		
*··		····
(If an effective date in Note: If the date	if other than the date of filing:	
	ecifies a delayed effective date, but not an effective time, at 12 ay after the record is filed.	:01 a.m. on the earlier of:
Dated <u>Nove</u>	A Comment	
-	Signature of a member or authorized representative of a member  Jack OSPING	

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Filing Fee: \$25.00