## L11000042373

(Re	questor's Name)	· <u>··</u> ·
(Ad	dress)	
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· (Cit	y/State/Zip/Phone	• #)
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## **COVER LETTER**

suвјест: <u>Robes</u>	+ Castellano Name of Lim	Building 3 Des	sign, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Robert S. C	ASTE    ANO Name of Person		
		Firm/Company	2014 SEC. 3	
	39 Palm	Ave	SEP 2	ا الآواد احداث محمامها
		Address	SSE SSE	1
	Miami Beacl	n, FL 33139	OF ST	£
	RSCMGT 32	City/State and Zip Code  @ gmail. com to be used for future annual report notif	20 32 32 S	
For further information c	concerning this matter, please of	·	neadon)	
Robert S. Ca	stellano f Person	at ( <u><b>954</b></u> ) <u><b>214</b> - Area Code</u> Daytime	4733 e Telephone Number	
Enclosed is a check for the	he 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 Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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**

ROBERT CAST	ELLANO BUILT Liability Company as it now appear Florida Limited Liability Company)	DEST	ign, LLC	
(Name of the Limited ) (A	Liability Company as it now appea Florida Limited Liability Company)	irs on our records.)	72 Zal	;
The Articles of Organization for this Limited Liab Florida document number <u>L11000042</u> .	ility Company were filed on	4/8/11	Legand assigned	Separate Sep
This amendment is submitted to amend the following	ng:		3	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
A. If amending name, enter the new name of the	e limited liability company h	<u>ıere</u> :	3: 32	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the	e designation "LLC" or the	e abbreviation "L.L.C."	-
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	,		_ <b>-</b>
B. If amending the registered agent and/or registered agent and/or the new registered offic		n our records, <u>ente</u>	r the name of th	ie new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street address		
	<del></del>	, Florida _		
	City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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 Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address
5110 Thoroughbred Lane
Southwest Ranches, FL 33330 Type of Action Title Name E-Commerce, LLC Geraldine Grimal 300 Recquet Club Road, Gunit: 105-116, ☐ Remove Weston, FL 33326 \_\_\_ \_ Remove \_\_ C Remove .\_\_\_ Add \_\_\_\_\_ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	700 1
E	
æ.	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated,
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee representative of a member of the signee the signee of the signer of

Page 3 of 3

Filing Fee: \$25.00