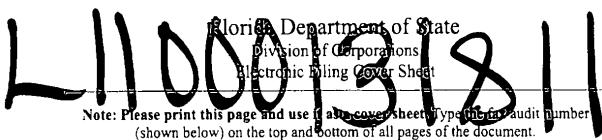
Division of Corporations



(((H24000221503 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASAP ACCOUNTING SERVICES INC

Account Number : I20180000009 : (239)352-4099 Phone Fax Number : (239)919-8333

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NIETO'S DESIGN LLC

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M. SOLOMON JUN 27 2024

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Help

## **COVER LETTER**

TO: Registration Se Division of Cor			
	ESIGN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GABRIEL NIETO		
		Name of Person	
	NIETO'S DESIGN LLC		
		Firm/Company	
	20605 EAST SILVER PA	LM DRIVE	24 JUN
		Address	<del></del>
	ESTERO, FL 33928		27
		City/State and Zip Code	
	gabrielnietof@gmail.com		
	E-mail address: (	to be used for future annual report notifi	cation) 25
For further information of	concerning this matter, please c	all:	
GABRIEL NIETO		239 825-8974 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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 Addre		Street Address:	rtion
Registration Division of 0		Registration Sec Division of Con	
P.O. Box 633	•	The Centre of T	allahassec
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIETO'S DESIGN LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	<del></del> -
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/01/2024</u>	and assigned
Florida document number L11000131811		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		2 3
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
		- <b>-</b>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	26 26
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nam	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

## New Registered Agent's Signature, it 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 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 Pagistered	Agent, Signature of New Registered Ag	ent
II CHAURTING MERIOCOCC	Agent, Signature of New Registered 74	

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>	Name	Address	Type of Action
MGRM	ALESSANDRO NIETO	20605 EAST SILVER PALM DRIVE	■Add
		ESTERO, FL 33928	🖸 Removc
			□Change
			DAdd
			□Remove
			Charge 123
			Remove Charlige
-			`o ⊡Add
			□Change
			□Add
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Effective date, if other than If an effective date is listed, the date	the date of fil	ling:	or to date of filing	or more than 90 days	optional)	ni to 605 0207
Note: If the date inserted in thi document's effective date on the	s block does no	ot meet the appl	licable statutory	filing requirements	, this date will not	t be listed as
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e record specifies a delayed effeord is filed.	etive date, but	not an effective	time, at 12:01 :	a.m. on the earlier o	f: (b) The 90th o	day after the
Dated		2024				
Trailed			·			
				tative of a member		

Filing Fee: \$25.00

Typed or printed name of signee