L1200006551H

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COVER LETTER

	A.R.	Artistry LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Aisha Rodriguez		
		Name of Person	
	A.R. Artistry LLC		
		Firm/Company	(0)
	1733 NE 16th ave.		Change entered 1/2 2045 BISCANNE BIND. MIGMI, FL 33/37
		Address	33/37
	Fort Lauderdale, FL 33305		
	aisharodriguez.me@gmail.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report notition	cation)
For further information c	oncerning this matter, please ca		
Aisha Rodriguez		646 436-563	21
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.R. Artistry LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/5/2012}{}$ and assigned L12000065514 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Design Space Agency LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2045 Biscayne Blvd. Enter new principal offices address, if applicable: Suite 361 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33137 2045 Biscavne Blvd. Enter new mailing address, if applicable: Suite 361 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33137 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida_ Zip Code

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 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 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
			□Remove
			□Change
			□Remove
			□Change
			□Add
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		1/27/2021		
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lote: If the date inserted in this bloo	k does not meet the applica	able statutory filing rec	quirements, this date will no	ot be listed as
ocument's effective date on the Dep	artment of State's records.			
record specifies a delayed effective 1 is filed.	date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
January 27	2021			
	~ / /	2 ,		
	ignature of a member or author	orized representative of a	member	
	Aisha F	Rodriguez		
	Typed or print	ed name of signee		

Filing Fee: \$25.00