## 112000126643

Office Use Only



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DIVISION OF CORE OFFICENS

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## COVER LETTER

TO: Registration Se Division of Cor										
DESIGN P	LACE COFFEE AND SHOP.	LLC								
Name of Limited Liability Company										
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.								
Please return all correspo	ondence concerning this matter	to the following:								
	LISSELOT OVALLES									
		Name of Person	<del></del>							
		Firm Company								
	5250 NE 2ND CT #4									
		Address								
	MIAMI, FL 33137									
	<del></del>	City State and Zip Code								
	diversifiedsolutions@usa.co	om to be used for future annual report notifi								
For further information c	n-man address: ( concerning this matter, please c		ca(ron)							
JAY MARTINEZ		786 237-8317								
Name (	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:

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

(Name of the Lin	ited Liability Company as it now (A Florida Limited Liability Con	rappears on our records.)	
	Liability Company were filed	on 10/04/2012	and assigned
Florida document number 1.12000126643	ter the new name of the limited liability company here:  shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated "Light" The standards of the limited Liability Company," the designation "LLC" or the abbreviated "Light" The standards of the abbreviated "Light" The shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated "Light" The standards of the abbreviated "Light" The shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated "Light" The shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated "Light" The shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated "Light" The shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated "Light" The shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated "LLC" or the abbrev		
This amendment is submitted to amend the fo	lowing.		
A. If amending name, enter the new name	of the limited liability comp	anv here:	
The new name must be distinguishable and contain the	words "Limite! Liability Company	e." the designation "LLC" or the	abbreviator. "Li C" T
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS).		
Unior new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u> </u>		12: 00
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office addre	ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	LISSELOT OVALLES		
New Registered Office Address:	5250 NE 2ND CT #4		
<del>,</del> —— <del>,</del>	En	ter Florida street address	
	MIAMI		3137
	City		Zip Coste

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 \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove \_□ Remove ☐ Change \_□ Add \_□ Remove \_D Change □ Add □ Remove □ Change

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Filing Fee: \$25.60