Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000180149 3)))



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: LAZARUS CORPORATE FILING SERVICE, INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESIGN PLACE COFFEE AND SHOP, LLC

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K. SALY

JUL 1 1 2017

3052201440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H-17000180149

DESIGN PLACE COFFEE AND SHOP LLC	
	pany were filed on FLORIDA and assigned
The Articles of Organization for this Limited Liability Comp	pany were filed on FLORIDA and assigned
Florida document number L12000126643	
This amendment is submitted to amend the following:	
A. If amending name, coter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	St
Enter new mailing address, if applicable:	5256 NE 2ND CT # 4
(Muiling address MAY BE A POST OFFICE BOX)	MIAMI FL 33137
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, <u>enter the name of the new</u> there:
New Registered Office Address:	Enter Florida street address
	, Florida
appear shall be shall	, Florida Cuy
New Registered Agent's Signature, if changing Registered Au	<u>eent:</u>
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I om familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited Hability

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If nmending Authorized Person(s) authorized to manage, enter the title, same, and address of each person being added or compared from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	JOAN CRUZ	5250 NE 2ND CT #4	
		MIAMI FL 33137	□ Remove
			E Change Add revs
AMBR	LISSELOT OVALLES	5250 NE 2ND CT # 4	
		MIAMI FL 33137	_□ Remove
			E Change Address
			_ □ Add
	٠.		□ Remove
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			AM Change
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			□ Remove
			Change

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