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TO:	Registration So Division of Cor			
01/15/11/2		ROBALINO DESIGNS, LLC		
SUBJEC		Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		PATRICIA ROBALINO		
		PATRICIA ROBALINO D	Name of Person	
			Firm/Company	.
		323 WORTH AVENUE	· ······ Genquiry	
		PALM BEACH, FL 33480	Address	
		PROBALIN @HOTMAIL.	City/State and Zip Code COM	
		E-mail address: ()	o be used for future annual repor	rt notification)
For furth	ner information c	oncerning this matter, please ca	ill:	
CAMIL	O RAFUL		973 819-200 at ()	66
	Name o	f Person		aytime Telephone Number
Enclosed	d 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	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

PATRICIA ROBALINO DESIGNS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 10/24/2013	and assigned
Florida document number L13000151390		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
PATRICIA ROBALINO DESIGNS EST. 1992, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		(C) AP T
		<u> </u>
Enter new mailing address, if applicable:		9 A []
Mailing address MAY BE A POST OFFICE BOX)		TH: 50
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		cords, enter the name of the
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street a	ddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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
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Effective date, if	other than the date elisted, the date must be spe	of filing:		(option:	第 2	<u>Σ</u>	
Note: If the date in	listed, the date must be spe nserted in this block do we date on the Departm	es not meet the applica	to date of filing or mor able statutory filing	e than 90 days after fili requirements, this da	ർള്ളം) Pursu ite will n	iant to 605 ot be liste	.020 ed a:
	fies a delayed effeo after the record is		t an effective tir	me, at 12:01 a.n	n. on th	ne earlie	er o
Dated	1	: 2019					
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	Signati			f			

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Filing Fee: \$25.00