14000034139

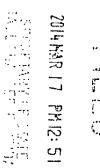
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COVER LETTER -

TO: Registration Se Division of Cor					
DESI	GNS FL LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Jennifer Gu	errero			
		Name of Person			
	Designs FI L	LC .			
		Firm/Company			
	861 Cotton l	Bay Dr E Apt 241	0	. : .~	
		Address			
	West Palm I	Beach, 33406 FI		2014 MAR 17 PM 12: 5	41.4
		City/State and Zip Code			Į,
	jenguerrero_373	②live.com to be used for future annual report notific	ation		I i
For further information c	oncerning this matter, please ca	-	ation)	12: 5	i
	•		4.0	क्रीन य	
Jennifer Gu		_{at} 561 460494	46		
Name o	f Person	Area Code Daytime 1	Telephone Number		
Enclosed is a check for the	ne 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 Fe Certificate of S Certified Copy (additional copy is	Status &	

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

Designs FI LLC	41: bl/c. C.			
(Name of the Limit	ed Liability Company as it now appears on our re (A Florida Limited Liability Company)	corus.)		
The Articles of Organization for this Limited Li Florida document number <u>L14000034139</u>	4 and assigned			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company here:			
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	able:	2014		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u></u>	<u>-i or </u>		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:		ords, <u>enter the name of the new</u>		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
New Registered Agent's Signature, if changing R	City	Lip Code		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this content.	d agent and agree to act in this capacity. er and complete performance of my dutie stered agent as provided for in Chapter 6 registered office address, I hereby confir	s, and I am familiar with and 05, F.S. Or, if this document is		

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Address</u> <u>Title</u> Name Jennifer P Guerrero **MGRM** 861 Cotton Bay Dr E Apt 2410, West Palm Beach, 33406 FL ☐ Remove ☐ Remove Remove □ Add ☐ Remove ☐ Add ☐ Remove _□ Add ☐ Remove

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
,	
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed	(optional)
the date this document is filed by the Florida Department of State)	date and cannot be more than 90 days after
Dated 03/13/2014	
January C	
Signature of a member or authoria	zed representative of a member
Jennifer P. Guerrero	•
Typed or printed	name of signee

Page 3 of 3

Filing Fee: \$25.00

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