Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARAH BHUTTA DESIGN, LLC

Certificate of Status	0
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Page Count	04
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ت ناردن ت 11:17 AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

→ 18506176383

Sarah Bhulta Design LLC		<del> </del>	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000090620	were filed on 06/02/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	10320 La Reina Road		
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, Florida 33446		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10320 La Reina Road  Delray Beach, Florida 33446		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name	e of the new registered	
New Registered Office Address:	Enter Florida street address Florida	FILED FILED	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		. 9	

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 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
MGR	SARAH J BHUTTA	10320 La Reina Road	□Add
		Delray Beach, Florida 33446	□ Remove
			■ Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			□Change
			🗀 Add
			Remove
			□Change
			□ Add
		<del></del>	□ Remove

Change

. Itam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:  [coptional]  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
The reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	May 25th 2022
Jule	Kari Dutan
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee