L14000 137275

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STAFF

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COVER LETTER

TO:	Registration Sec Division of Cor			₽
SUBJE	DESIGN H	OUSE STUDIO LLC		THE THE
		Name of Lim	ited Liability Company	Day Jan 22 PA
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	Care S
Please r	eturn all correspo	ndence concerning this matter	to the following:	Er.
		JANINE GELLER		
			Name of Person	
		DES GN HOUSE STUDIO	O, LLC	
		 	Firm/Company	
		1249 Stirling Road Suite 1	2	
			Address	
		Dania Beach, FL 33004		
			City/State and Zip Code	
		janine@designehouse.us		
		E-mail address: (to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please ca	all;	
JANIN	E GELLER		786 201 9100 at ()	
_	Name of	Person		ie Telephone Number
Enclose	d is a check for th	e 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 -

DESIGN HOUSE STUDIO LLC

ords.) Sch. Th (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on 09/03/2014	and assigned
Florida document number <u>L14000137275</u>		
	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
		rem - de abbandados "L. C."
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	LC of the appreviation Educ.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		• • •
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	tered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office addr	ess nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	City	, Florida Zip Code
Now Registered Agent's Signature, if changing Registered	·	r

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. Thereby 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
MGR	JONATHAN ABENHAIM	2515 NE 206 LANE	
		NORTH MIAMI BEACH, FL 33180	■ Remove
			□ Change
MGR	JANINE GELLER	2515 NE 206 LANE	■ Add
		NORTH MIAMI BEACH, FL 33180	_
			Change
			Add
			Remove
			□ Change
	·		
			Remove
			Change
			Remove
			Change
			☐ Remove
			Change

		<u> </u>		
				
				
				
				
				
				
Note:	tive date, if other than the date of fili flective date is listed, the date must be specific a. If the date inserted in this block does not ment's effective date on the Department of	t meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant y filing requirements, this date will not	to 605.0207 (3) be listed as the
the re	cord specifies a delayed effective 90th day after the record is filed	e date, but not an effect d.	tive time, at 12:01 a.m. on the	earlier of:
Dated	1/10/2019			
		a member or authorized represe		

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Typed or printed name of signee

Filing Fee: \$25.00