## 14000 137275

(Requestor's Name)
(Address)
(Address)
(City/Chang City/Dhann 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2019 DEC 16 PM 3: 30 SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

Division of Cor	use Studio LLC					
SUBJECT:		ited Liability Company	<u> </u>			
	Pane of Lin	ned that my company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Piease return all correspo	ondence concerning this matter	to the following:				
	Janine Geller					
		Name of Person				
	15					
	Design House Studio LLC					
		Firm/Company				
	1249 Stirling Road suite 13	2				
		Address				
	Dania Beach Fl 33004					
	-	City/State and Zip Code				
	janine@designhouse.us					
		to be used for future animal report not	incation)			
For further information c	concerning this matter, please c	all;				
Jennifer Calvo		786 802-3435 at ( )				
Name of Person		at () Area Code Daytime Telephone Number				
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Design House Studio LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record- imited Fiability Company)	<u>r</u> )
The Articles of Organization for this Limited Liability Co.	mpany were filed on 09/03/2014	and assigned
Florida document number L14000137275	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
	· · ·	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		REAL TO
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u> (	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flo	rida
<del></del>	(Tip:	Zip Code

## 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, 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>	<u>Address</u>	Type of Action
MGR	Alan David Cohen	1249 Stirling Road Suite 12 Dania, FL 33004	<b>=</b> Add
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If an effec	re date, if other cove date is listed,	the date must l	be specific and	cannot be pr	ior to date of	tiling or more	than 90 days at	tional) ter filing.) Pursua	nt to 605.0	)207 (.
Note: If documer	f the date inserte nt's effective dat	d in this bloc e on the Der	k does not n artment of S	icet the app tate's recon	licable stati ds.	nory filing r	equirements, t	his date will no	t be listed	i as tl
ne record and is filed	specifies a delay	ed effective	date, but not	an effective	time, at 12	:01 a.m. on	the earlier of:	(b) The 90th o	lay after (	the
nu is met	u									
* *	ecember (th			<u> 1</u> 119						
Dated	\		1 \	1-1						

Filing Fee: \$25.00

Typed or printed name of signee

Jamine Geller