L14000 179392

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration S						
Division of Co	rporations					
SUBJECT:	DESIGN HOUSE	ASSOCIATES LLC	•			
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MARC BELL					
Name of Person						
DESIGN HOUSE ASSOCIATES LLC						
Firm/Company			,	_		
357 ALMERIA AVE APT 904						
Address				نے ، <u>کی</u> ن :		
CORAL GABLES, FL 33134-5808				- :		
City/State and Zip Cod			<u> </u>			
	_	marcpbell@gmail.com E-mail address: (to be used for future annual report notification)				
			ilcation)			
For further information of	concerning this matter, please c	all:				
MARC BEL	L	at (<u>305</u>) <u>323-944</u>				
Name (of Person	Area Code Daytime	e Telephone Numbe	r		
Enclosed is a check for t	he following amount:					
 ₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre	ss:	Street Address:				

Registration Section
Division of Corporations P.O. Box 6327

Registration Section
Division of Corporations
The Centre of Tallahassee



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGN HOUSE ASSOCIATES L		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
he Articles of Organization for this Limited Liability Company were filed o	on NOV 19, 2014 and assi	gned
lorida document number <u>L14000179392</u>		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability compa	any here:	
he new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.	C."
nter new principal offices address, if applicable:	755 159 20 20	
Principal office address MUST BE A STREET ADDRESS)	T .	
	<u> </u>	
	:	
Enter new mailing address, if applicable:		<u></u>
**		
3. If amending the registered agent and/or registered office address on gent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name of the new	regist
Name of New Negative Agent.		
New Registered Office Address: Ent	ater Florida street address	_
	Florida	
	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.

a amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ARCHITECTURE 101 INC	2655 S LE JEUNE RD	□Add
		SUITE PH-2A5	[^X Remove
		CORAL GABLES, FL 33134	□Change
AMBR	JACOB WOLOSHIN	2655 S LE JEUNE RD	⊠Add
		SUITE PH-2A5	□Remove
		CORAL GABLES, FL 33134	□Change
			□Add
			☐ Remove
		·	Change
			<u>- </u>
			Remove
			🖾 Change
			∐Add
			□Remove
			□Change
			□ Add
			ElRemove
			□Change

MARC BELL

Typed or printed name of signee