L150000 31808

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COVER LETTER

TO:	Registration Sec Division of Corp		•	
SUBJE	DSGN LLC			
SCDSL		Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	idence concerning this matter	to the following:	
		Monica Mayer		
			Name of Person	
		Amitie USA Corp		
			Firm/Company	
		1805 Ponce de Leon Blvd.	Ste 501	
			Address	
		Miami, FL 33134	: '	
		mmayer@amitieusa.com	City/State and Zip Code	;
		· -	to be used for future annual report notifi	cation)
For fur	ther information co	ncerning this matter, please ca	all:	
Shirle	y A. S. Muleiro Ma	touk	305 409-8899 at ()	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 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 **OF**

DSGN LLC				
(<u>Name of the Limited Liability Compa</u> r (A Florida Limited	nny as it now appears on our records.) Liability Company)	-		
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/19/2015}{L15000031808}$		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
N/A		22		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.I.C."		
Enter new principal offices address, if applicable:	17980 NE 31st Court. Ste 1307			
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33160	(02)		
Enter new mailing address, if applicable:	17980 NE 31st Court. Ste 1307	F S A		
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL 33160	9		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new		
Name of New Registered Agent: N/A				
New Registered Office Address:	Enter Florida street address			
	, Florida _			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	1			

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 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	Shirley A.S. Muleiro Matouk	17980 NE 31st Court. Ste 1307	
		Aventura, FL 33160	□ Remove
			Change
MGR	Carla A. Anzaldi	730 NE 101 Street	Add
		Miami Shores, FL 33138	■ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove 3 PH 12:
			□ Change
			Add
			Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar, N/A	v.)		
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Effective date, if other than the date of filing:	will not be lis	ted as the	
Dated November 1 2015	TALUA	2 8 5 01	177-L,
Signifure of a member or authorized representative of a member	HASS	0EC -3	ente Per
Shirley A. S. Muleiro Matouk Typed or printed name of signee			្នាះ
	国を	PM 12: 1	1
Page 3 of 3	52	64	

Filing Fee: \$25.00