

46000015198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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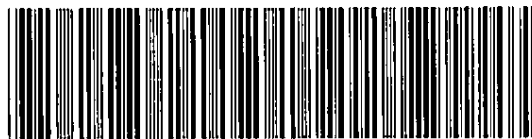
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLORIDA DESIGNS 360 LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN GRICHENER

\_\_\_\_\_  
Name of Person

FLORIDA DESIGNS 360 LLC

\_\_\_\_\_  
Firm/Company

3001 NE 185TH STREET, APT 103

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code

RGRICHENER@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN GRICHENER

267 718-5048

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
OF**

FLORIDA DESIGNS 360 LLC

(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 Company were filed on 01/21/2016 and assigned  
Florida document number 1.16000015198.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

3336 SW 12TH AVE

**(Principal office address MUST BE A STREET ADDRESS)**

FORT LAUDERDALE, FL 33315

**Enter new mailing address, if applicable:**

3336 SW 12TH AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

FORT LAUDERDALE, FL 33315

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

3336 SW 12TH AVE

*Enter Florida street address*

FORT LAUDERDALE

*City*

, Florida 33315

*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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	WEALTH BUILDER INVESTME	2821 NE 163RD STREET	<input type="checkbox"/> Add
		#2N	<input checked="" type="checkbox"/> Remove
		NORTH MIAMI BEACH, FL 3316	<input type="checkbox"/> Change
AMBR	VIVA INVESTMENTS LLC	251 174TH STREET	<input type="checkbox"/> Add
		APT 319	<input checked="" type="checkbox"/> Remove
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change
AMBR	ROMAN GRICHENER	3001 NE 185TH STREET	<input checked="" type="checkbox"/> Add
		APT 103	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 28 2017

*[Handwritten signature]*

Signature of a member or authorized representative of a member

ROMAN GRICHENER

Typed or printed name of signee