

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L16000106979

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

16 NOV 16 AM 10:21

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Nadya.USOVICH@GTAX.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIGH DESIGN RENOVATIONS LLC**

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 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H160002832323

HIGH DESIGN RENOVATIONS 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 06/02/2016 and assigned
Florida document number L16000106979

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:

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

Enter new mailing address, if applicable:

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

2151 NE 155TH STREET UNIT 15
NORTH MIAMI BEACH, FL 33162

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:

2151 NE 155TH STREET UNIT 15

Enter Florida street address

NORTH MIAMI BEACH

City

Florida 33162

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

H 16 000 28 32 5 23

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	URI HAREL	2151 NE 155TH STREET	<input type="checkbox"/> Add
		UNIT 15	<input type="checkbox"/> Remove
		North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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