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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor		
P-DESIGN SUBJECT:	N 3901, LLC	
SOBOLCI.	Name of Limited Liability Company	
	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	ANDRES E. BAZO	
	Name of Person	
	RASCO KLOCK PEREZ & NIETO	
	Firm/Company	
	2555 PONCE DE LEON BLVD SUITE 600	
	Address	
	CORAL GABLES FL 33134	
	City/State and Zip Code	
	ABAZO@RASCOKLOCK.COM E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
ANDRES E BAZO	305 4767100 at ()	
Name o	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	Status &

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

P-DESIGN 3901, 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 $\frac{06/20/2016}{1}$ and assigned Florida document number L16000116865 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.I. 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) 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: Enter Florida street address

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, <u>enter the title, name, 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
MGR	MATILDE BRUNICARDI	2665 S BAYSHORE DR #800	□ Add
		COCONUT GROVE FL 33133	■ Remove
			Change
			Add
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e: If the date inserted in this block do ument's effective date on the Departm record specifies a delayed effer	ecific and cannot be prior to date of filing or not meet the applicable statutory filing ent of State's records. Ctive date, but not an effective	nore than 90 days af ag requirements, t	his date will no	ot be liste
ne 90th day after the record is				
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Filing Fee: \$25.00