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COVER LETTER

Division of Co			
Business SUBJECT:	Designs Unlimited LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	xondence concerning this matter	to the following:	
	Pia Ceccarelli		
		Name of Person	· ·
	Business Designs Unlimite	ed LLC	
		Firm/Company	
	7326 Cedar Creek Court		
		Address	- · · · · · · · · · · · · · · · · · · ·
	Winter Park, FL 32792		
		City/State and Zip Code	
	ceccarellipia@gmail.com		
For further information	concerning this matter, please c	to be used for future annual report notifiall:	reation)
Maria Rovira	- ,	407 227 3506	
Name	of Person	Area Code Daytime	e 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)

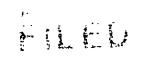
MAILING ADDRESS:

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



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Business Designs Unlimited LLC

(Name of the Limited Liability Company as it now appears on our records) 知為55章 是10世史 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on 02/23/2017	and assigned
Florida document number 1.1700043248	→	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our rec	ords, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	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>	Address	Type of Action		
MGR	Pia Ceccarelli	7326 Cedar Creek Court	Add		
		Winter Park, FL 32792	□ Remove		
			☐ Change		
			D Add		
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Filing Fee: \$25.00