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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration of Division of	on Section Corporations		
Joma l	Designs, LLC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Mariana Hawayek		
		Name of Person	
	Joma Designs LLC		
		Firm/Company	
	3451 NE 1st Ave Unit M6	01	
		Address	
	Miami, FL 33137		
		City/State and Zip Code	
	mhawayek@chslaw.net	to be used for future annual report noti	45
For further informat	ion concerning this matter, please c		ncacou)
Mariana Hawayek		786 5874045	
N:	ame of Person	at ()	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee \$\Bigsiz \\$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

Joma Designs 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 $\frac{03/06/2017}{1}$ and assigned Florida document number 1.17000051975 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 abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3451 NE 1st Ave Enter new mailing address, if applicable: Unit M601 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33137 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 City 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

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
MAGR	Mariana Hawayek	3451 NE 1st Avenue Unit M601 M	Add
			□ Remove
			Change
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f an effec <u>Note:</u> I	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	<u> </u>
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00