## L17000116409

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600301230406

But in the second

FILED

17 JUL 13 PM 1: 30

18 JUL 13 PM 1: 30

S. WARREN JUL 1 4 2017

## **COVER LETTER**

TO:

	Registration Se Division of Cor				•
	SM.	ART MUSE DESIGN LLC			
SUBJEC	. 1 :	Name of Lim	ited Liability Company		
		•			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		LORENA I	LOPEZ		
			Name of Person		
		SMART MU	SE DESIGN LLC		
Firm/Company 3609 SW 113th PL					
Address					
		MIAMI FL 3	3165		
		•	City/State and Zip Code		
		lorena@smartm	<del>-</del>		
			to be used for future annual	report notific	ation)
For furth	er information c	oncerning this matter, please co	all;		
	LORENA	LOPEZ	305 28: at ()	38483	
	Name o	f Person	at () Area Code	Daytime T	Felephone Number
		•			
Enclosed	is a check for th	ne following amount:			
<b>□ \$</b> 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	iNG ADDRESS: ation Section on of Corporations	Registrat Division	ion Section of Corporat	R ADDRESS:
		ox 6327 assec, FL 32314	Clifton B 2661 Exc	luilding cutive Cent	er Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SE DESIGN LLC		
(Name of the Limited I (A I	iability Company as it now apper lorida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabil Florida document number 117000116409	lity Company were filed on _	05/25/2017	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company h	nere:	
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	2:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		-
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, ente	er the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida strect address	
		, 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	LORENA LOPEZ	3609 SW 113th PL Miami FL 3316	
			□ Remove
			☐ Change
AMBR	Ileana O. Hechavarria	3609 SW 113th PL Miami FL 3316	
	,		□ Remove
			Change
			Add
		<del></del>	□ Remove
	;		☐ Change
			☐ Remove
	4		Change
			□ Add
			Remove
			Chinge -
			A Remove
			Z+°□ Change

		·			
			·		
	,				
				-	
				•	
	ı				
te: If the date inserted cument's effective date record specifies a	I in this block does not ton the Department of	ng:	filing requirements, thi	s date will n	ot be liste
Jul 11		2017			
ed	$\mathcal{O}$			: •	<u> </u>
	Jores	nahopy			ال 7
	Signature of a	member or authorized represen	tative of a member		
	LOR	ENA LOPEZ		24.7 H	<b>ω</b> , ,
		Typed or printed name of sign	nee		<u> </u>
				윤	<del></del> ယ

Filing Fee: \$25.00