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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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June 20, 2018

JESSICA DEPAULA 8174 KENDRIA COVE TERR BOYNTON BEACH, FL 33473

SUBJECT: DEPAULA DESIGNS, LLC

Ref. Number: L17000189922

We have received your document for DEPAULA DESIGNS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 718A00012856

Rebekah White Regulatory Specialist II

RECEIVED

18 JUL -2 PH 12: 42

SECRETARY OF STATE
TALLAHASSEF 1 STATE

Depaula Designs LLC 561.504.1519 1694 Holcomb Creek Street Winter Garden FL 34787

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 JUL -2 AM 13: 27

Depaula Designs LLC		187 M. C. C.	<u></u> <u></u> <u></u> <u></u> <u></u>
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	TON".1
The Articles of Organization for this Limited L	iability Company were filed on 2	9/7/17	and assigned
lorida document number 1.17000189922			
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:	.	
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
3. If amending the registered agent and registered agent and/or the new registered o	ffice address here:	on our records, <u>enter</u>	the name of the
Name of New Registered Agent:	Jessica Depaula		
New Registered Office Address:	1694 Holcomb Creek Street	,	
		lorida street address	
	Winter Garden City	, Florida ³⁴	787 Zip Code
	CHy		глр Соае

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.

f 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>	<u>Address</u>	Type of Action
AMBR	Darin Riggio	8174 kendria cove terrace	Add
		boynton beach ft 33473	■ Remove
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ocumo	ent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of
ine	90th day after the record is filed.	
	10 mm	
Dated_	June 10th / 2018/	
	i / i / i / i / i / i / i / i / i / i /	
	Villenten	
	Signature of a member or authorized representative of a member	
	taca: N=001	
	Jessica De Paulo Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00