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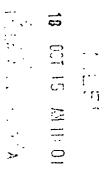
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

	Registration S Division of Co			
eli d itz		Designs LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are subt	mitted for filing.	
Please re	turn all corresp	condence concerning this matter	to the following:	
		Jessica Depaula Riggio		
			Name of Person	
		Depaula Designs LLC		
		<u></u> ,,,	Firm/Company	
8174 kendria cove terrace				
			Address	
		boynton beach fl 33473		
			City/State and Zip Code	
		designsbysophiarose@gmai	il.com to be used for future annual report notif	Ēati.as\
For furth	ner information	concerning this matter, please ca		leation)
Jessica l	Depaula Riggio)	561 5041519	
	Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed	d is a check for	the following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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

Depaula Designs LLC			
(Name of the Limited Liability (A Florida	Company as it now Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Co	ompany were filed	on <u>9/7/17</u>	and assigned
Florida document number L17000189922			
	_'		في
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability compa	any <u>here</u> :	
	-	_ 	٠
The new name must be distinguishable and contain the words "Limit	ted Liability Company	;" the designation "LLC" or the	abbreviation "L.J.C."
		Icomb Creek Street	0
Enter new principal offices address, if applicable:	Winder C	Garden FL 34787	**
Principal office address MUST BE A STREET ADDR	ESS) Winter C	Jaiden (E 54767	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		lcomb Creek Street Garden FL 34787	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address here:	ess on our records, <u>ent</u>	er the name of the
registered agent and of the new registered difference			
Name of New Registered Agent: Jessica	Jessica Depaula Riggio		
New Registered Office Address: 1694 F	Tolcomb Creek Stree	et	
	E	nter Florida street address	
Winter	r Garden	, Florida	34787

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Aug Remove
			© €bange
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an effective date is listed lote: If the date insert	er than the date of filing , the date must be specific and ed in this block does not m ate on the Department of S	cannot be prior to date neet the applicable sta	of filing or more than 90 of the state of th	(optional) Lays after filing.) Prents, this date wi	arsuant to 605.020 Il not be listed a
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Page 3 of 3

Filing Fee: \$25.00