118000008386

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	INTERNATIONAL DESIGNERS LLC						
SUBJECT:		Name of Limi	ted Liability Company	2018 AUS 27			
The enclosed	l Articles of A	Amendment and fee(s) are sub	nitted for filing.	7 P			
Please return	all correspon	ndence concerning this matter	to the following:	م. م.) ش			
		EL ALAMI ABDESLAM		•			
			Name of Person				
		INTERNATIONAL DESIG	GNERS LLC				
			Firm/Company	·			
	2100 CORAL WAY #301						
		Address					
		MIAMI, FL 33145					
		City/State and Zip Code					
	FABRICE@MCHCONSULTINGUSA.COM						
			to be used for future annual report not	ification)			
For further i	nformation c	oncerning this matter, please ca	all:				
FABRICE	HERZSTEIN	1	786 923-5948				
	Name o	f Person		ne Telephone Number			
Enclosed is	a check for th	ne 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/COUR Registration Section Division of Corportion Building 2661 Executive Courts	prations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L18000008386	ciability Company	were filed on 04/04/201	8 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabi	i <u>lity company here</u> :	_
			元
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	on "LLC" or the abbrevia am "L.L.C."
Enter new principal offices address, if appli	cable:		27 [
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			DULEVARD
Mailing address MAY BE A POST OFFICE	EROX)	SUITE 403-1001	· · · · · · · · · · · · · · · · · · ·
PARTIES NAME OF TAXABLE PARTIES	, <u>DO: 17</u>	AVENTURA, FL 3318	30
B. If amending the registered agent and registered agent and/or the new registered of	office address her		records, enter the name of the
Name of New Registered Agent:	New Registered Agent.		
New Registered Office Address:	20801 BISCA	YNE BOULEVARD SUI	
		Enter Florida stree	ei aaaress
	AVENTURA, I	FI	, Florida ³³¹⁸⁰

New Registered Agent's Signature, if changing Registered Agent:

INTERNATIONAL DEGLONEDS LLO

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
AMBR	CHRAIBI RITA	2100 CORAL WAY	
		#301	☐ Remove
		MIAMI, FL 33145	Change
			□ Add
			Remove
			Change Add
			Remove
		- · · · · · · · · · · · · · · · · · · ·	□ Change
			Add
	•		□ Remove
			□ Change
			·□ Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

D. It amending any other informati	ion, enter change(s) here: (Attach addition	onai sneets, ij necessary.)
		
		· · · · · · · · · · · · · · · · · · ·
		
		
 		2 N
		27
		7 2 9
E. Effective date, if other than the	date of filing:	(optional) nore than 90 days after filing.) Pursuant to 605,0207 (3)(b)
(If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to 605.0207 (3)(b. g requirements, this date will not be listed as the
document's effective date on the De		g requirements, this care will not be used as the
		time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the reco	ord is filed.	
AUCUST 1ST	2019	
Dated AUGUST 1ST	, 2018	
Ala	le	
	Signature of a member or authorized representative	of a member
•	PERMITTED OF A INCLINES OF AUTHORIZOG TEPPESCHIALIVE	or a monton
EL ALAMI ABDESLAN	A	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00