L18000009274

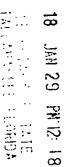
(Requestor's Name)
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COVER LETTER

TO:	Registration Se Division of Cor			
CHETE	Design Con	cierge LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Nataly Cayden Horan		
			Name of Person	
		Design Concierge LLC		
			Firm/Company	<u>-</u>
		378 ne 86th street		
			Address	
		el portal, fl 33138		
		hi@daxianaanaiagamiani	City/State and Zip Code	
		hi@designconciergemiami. E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please c	all:	
nataly	cayden horan		305 301-2747	
	Name of	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fiting 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

Design Concierge LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ly Company)
The Articles of Organization for this Limited Liability Company were	filed on 01/10/2018 and assigned
Florida document number L18000009274	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	. 54 8
Enter new mailing address, if applicable:	29
Mailing address MAY BE A POST OFFICE BOX)	p 2 0
maning data to significant bit AT OST OTTTOLIDON	
	<i>y</i> - ∞
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the n
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
 (Lity 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	Nataly Cayden Horan	378 NE 86th St, El Portal FL 33138	Add
			□ Remove
			Change
AMBR	Nataly Cayden Horan	378 NE 86th st, el portal FL 33 138	. Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
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			□ Remove
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			Add
			□ Remove
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing de: If the date inserted in this block does not meet the applicable statutory to		
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier	0
ed 23 January 2018		
cd 27 January		
the state of the s		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00