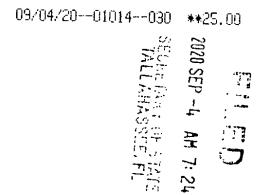
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(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: DES	IGNY GRO	DUP CCC.	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
	• •	_	
riease return an correspon	dence concerning this matter t	to the following.	
	Christophe	Name of Person	Esq.
	Dischino &	Rochamy, pul	<u> </u>
	1080 NE 97	n od Si Address	
	Hiami Sho	VRS FL 33138 City/State and Zip Code	
	Chvistopher E-mail address: (1	• QDSMIAMI.CO o be used for future annual report notifica	maion)
For further information co	ncerning this matter, please ca	dl:	s 2
Christopher	Person	at (786) <u>581-25</u> Area Code Daytime To	clephone Number
Enclosed is a check for the	e following amount:		□ \$60.00 Filing Fee; 2
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	on
Division of Co	orporations	Division of Corpo	rations
P.O. Box 6327	!	The Centre of Tall	lahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGNU GROUP, 110

Name of the Limiter	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia	bility Company 104.9 7	were filed on 1112018 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	pility company here:	
NG & CO. CONSUL The new name must be distinguishable and contain the work	TANC C	in Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)		HIAMI SHORES, FL 33138	,
Enter new mailing address, if applicable:		1080 NE 92ND ST	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	MIAMI SHOPES, FL 33138	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here: KONSTY	address on our records, enter the name of the new registere ANTINA GYARTZONI KAT VE 92 ND ST. Finter Florida street address SHORES Florida 3313 R	<u>d</u>
		City i Zip Codu	

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	GKARTZONIKA, KONSTANTINA	1080 NE 92ND ST.	
	FOLAS I MIA I (10.1	MIAMI SHORES, FL 33	13 8 □Remove
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(If an off Note:	ve date, if other than the date of filing:	g.) Pursuant to 60	
he recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Thed.	he 90th day afte	er the
Dated	August 28 . 2020		

Filing Fee: \$25.00