Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000163762 3)))



H190001837823ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				
	Division of Corporations			
	Fax Number	: (850)617-6383		201
From:				٩
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	: ~	19 #A
	Account Number	: 120000000019	<u>:</u> .	=<
	Phone	: (305)552-5973		2
	Fax Number	: (305)675-5944		
				-
			71, _	
**Enter	the email addres	s for this business entity to be used for	füture	=
an	nual report maili	ngs. Enter only one email address please.	7-1	2

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SETE DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T GLASS

SETE DESIGNATED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	·		
The Articles of Organization for this Limited Liability Company were filed on L18000029384 L18000029384		and assign	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	the abbreviation 'L.L.C	<u>.</u>	
Enter new principal offices address, if applicable:			20	
(Principal office address MUST BE A STREET ADD	RESS)		<u></u>	
		<u> </u>	7:1	
			21	=
Enter new mailing address, if applicable:		1 - 1	Tee	So
(Mailing address MAY BE A POST OFFICE BOX)			_ <u>=</u> .	
		13.5	 	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>en</u> l <u>ress here</u> :	ater the name of	the nev	<u>74</u>
Name of New Registered Agent:				
New Registered Office Address:	~ _			
	Enter Florida street address			
	, Florida			
	City	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

_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	Name	Address	Type of Action	
MGRM	MARIANA TASSITCH	120 SW 8TH ST MIAMI, FL. 33130	 Add	
			□ Rcmove	
			Cl Change	
				
			□ Remove	
			Change	
			Add 200 PA	
			O Cheange	
			□ Remove	
	·		Change	
			D Add	
			☐ Remove	
			Change	
			□ Remove	

	r'			
–				
,		····		
		··		<u>_</u>
,			^,	
. ———				_
			<u>-</u>	
				_
	•			2(
	•			<u> </u>
				HAY.
	·	 	<u> </u>	_2
			<u> </u>	— - ->
			<u> </u>	=
		<u> </u>	: > -	<u></u>
		<u> </u>		
iffective date, if other than t	01/01/2019 he date of filing:	(an	tional)	
f an effective date is listed, the date n	sust be specific and cannot be prior to dai block does not meet the applicable (e of filing or more than 90 days aft	ter filing.) Pursuant to	605,0207 listed as
e record specifies a delay The 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:01	a.m. on the ea	ndier o
Dated MAY 13	2019			
	Allen Sal	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member of authorized			_

Page 3 of 3