## L18000071202

Office Use Only



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## **COVER LETTER**

Division of Corp			
GARDEN I SUBJECT:	DESIGNS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	VALENTIN SAMORUKO	oV	
		Name of Person	
	**************************************	Firm/Company	<del></del>
	1656 GRANTHAM DR		
		Address	<del></del>
	WELLINGTON, FL 33414	1	
		City/State and Zip Code	
	VAL.SAMORUKOV@GM		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
VALENTIN SAMORUK	COV	954 274-3671 at ( )	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & P. See Certified Copy (additional copy is enclosed)
Mailina Addres	۵٠	Streat Address	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARDEN DESIGNS LLC (Name of the Limited)	Liability Compar	ny as it now appears on	our records.)
(X	Florida Limited L	ny as it now appears on Liability Company)	
he Articles of Organization for this Limited Liab	ility Company	were filed on $03/19/2$	and assigned
orida document number L18000071202	·		
his amendment is submitted to amend the follow	ing:		
. If amending name, enter the new name of th	ie limited liabi	ility company here:	
ERRALANE INVESTMENTS LLC			
ne new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	1656 GRANTHAM	DR
Principal office address MUST BE A STREET ADDRESS)		WELLINGTON, FL	. 33414
man and a second		1656 GRANTHAM	DR
Inter new mailing address, if applicable:		WELLINGTON, FL	
Mailing address MAY BE A POST OFFICE BO	<u>(A)</u>	<u></u>	
		<del></del>	
. If amending the registered agent and/or regi		iddress on our recoi	ds, enter the name of the new regis
gent and/or the new registered office address b	<u>iere</u> :		
Name of New Registered Agent:			
New Registered Office Address:	1656 GRANTH	IAM DR	
res registered office (marca).	<del></del>	Enter Florida s	treet address
	WELLINGTON	1	, Florida <u>33414</u>
		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

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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fan effective date is lis <b>Sote:</b> If the date ins		e and cannot be prior to date of fili not meet the applicable statutor		ling.) Pursuant to 605.020
-	lelayed effective date, but	not an effective time, at 12:0	1 a.m. on the earlier of: (b)	The 90th day after the
l is filed. /	2	n d		
oated Jan	many 2	2025	/	20
	0			2025 J
-		of a member or authorized repress	entarive of a member	· · · · · · · · · · · · · · · · · · ·
		of a member or authorized repres	entance of a member	JAN 29 AM