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C. GOLDEN DEC - 3 2018

COVER LETTER

SUBJECT:	ONE TO	ONE DESIGN STUM	O LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	ISABE	EL WHET WENDE	t
		Name of Person	
	ONE TO ON	JE DESIEN STUMO L	LC
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	13783 SW 6	6TH MIAMI FL	
		Address	····
		33/83	
		City/State and Zip Code	
	ZETILOCE	OOO 6MAIL COM	
	h-mail address: (I	to be used for future annual report notific	ation)
For further information cor	ncerning this matic. please ca	ill:	
ISABEZ	CORTE Zarra	at (<u>305</u>) <u>24</u> Area Code Daytime 1	142894.
Name of I		Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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

TO:

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 ARTICLES OF ORGANIZATION **OF**

20	A		
STORE WAR	DV 26	(EZ)
ALLAND.	5, S	PH 5:5	,
110	· (5)	Are	-

ONE TO ONE DESIGN STUDIO LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab		were filed on O	3/21/18	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabil	ity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the design	nation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicab	le:	13783 SW	1 66 TH UN	NT A109
(Principal office address MUST BE A STREET)	ADDRESS)	MIAMI FL	- 33183	
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered offic	registered off		r records, enter	the name of the new
Name of New Registered Agent:	ISABE	2 WRTEZ	<u>.</u>	
New Registered Office Address:	13783	SW 66TH Enter Florida s	·	×9
	m	IAM I City	Florida	33183 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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
<u>m6R</u>	ISABEL WITEZ	13783 SW 66TH ST UNIT	D Add
		A109 MIRMI FL 33/83	□ Remove
			Change
M6R	610UANNA MEMNA	18900 STIRUNG ROAD MITMI	O Add
		SOUTHWEST NANCHES FL	Remove
		33332	Change
			Add
			□ Remove
			Change
			🗆 Add
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			_ 🗆 Remove
			Change

. มุเสเม	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing: \(\frac{\mathcal{M}}{\mathcal{M}} \) \(\frac{\lambda}{\lambda} \) \(\lam
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	NOUMBER 12TH . 2018.
	Signature of a member or authorized representative of a member
	ISABEL WRITEZ MENDEZ. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00