118000129488

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

	Registration Sec Division of Corp			
eun ie <i>c</i>		N AND DESIGN, LLC		
SUBJEC		Name of Limit	ted Liability Company	
The enclo	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	o the following:	
		Marianna Cardona-Diaz		
		Marianna Cardona-Diaz, P.	Name of Person A.	
			Firm/Company	
		1500 NW 89th CT. Suite 22	20 Address	
		Doral, Florida	Addicss	
		marianna@cdimmigration.co	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For furthe	er information co	ncerning this matter, please ca	II;	
Marianna	Cardona-Diaz		305 374-2295 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$ 25.0	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:

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 TO ARTICLES OF ORGANIZATION OF

DG FASHION AND DESIGN, LI			
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited I Florida document number L18000129488	iability Company v	were filed on <u>05/23/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	E BOX)		Ç.
			<u> </u>
			Į į
B. If amending the registered agent and registered agent and/or the new registered of	•	•	nter'the name of the
Name of New Registered Agent:	Marianna Cardor	na-Diaz	
New Registered Office Address:	1500 NW 89th C	T, Suite 220	
New Registered Office Address.	-	Enter Florida street address	
	Doral	Florid	33172

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	OSWALDO REYES	10707 NW 75 TERR. DORAL, FL 33178	Add
			■ Remove
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E. Effective date, if other than the date of filing (optional) (If an effective date is litted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 600 2027 (CVIO) Note: If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filled. Dated October 11 2018 Sugnature of a member greatment of signee Typed or putted name of signee Page 3 of 3		D? सिराज्य	adliganyotter(blometbreater drogst)) beræ <i>(Machedillond)di</i> e	
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