# L1800130702

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### **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: J. DESIGO FOOTING LLC.
SUBJECT: J. 1751GO / ICOY (114 CCC)  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
amanda alongis-Desigo Name of Roson
J. Design Flowing LLC.
P.O. BOX 5944
La Calassel Fl. 32314 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

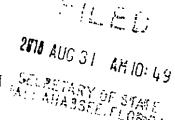
MAILING ADDRESS:

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 SCIENCE OF STATE OF STA



Design Howing LL  (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>180013030</u>	were filed on $5/25/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabs Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	330 HueyRentz (T. Chattahorehee \$1.3232)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 5944 Tallahaber, 91. 32314
B. If amending the registered agent and/or registered o	office address on our records, enter the name of the new

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

manda allongis. Desi

#### 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 **Type of Action Address Title** <u>Name</u> Chrismila alingis-Doigo 330 Husey Rentz CT 10 Add Chattaloochee, S. 3 2324 H Change AMBR Jose Desigo 330 Hugy Rents C.T. □ Add Chartalorchee H. ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

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