18000131171

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
		MAIL
(Bus	siness Entity Nar	ne)
(Doo	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	Office Use On	lv



10/16/16--01039--005 **25.00



	•	

COVER LETTER

TO: Registration Section Division of Corporations

Design Fabrics Store LLC

SUBJECT: _

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:

David Siauvaud

Name of Person

Firm/Company

425 NE 22nd St Apt 2401

Address

Miami FL 33137

City/State and Zip Code

at (

david@designfabriescontract.com

E-mail address: (to be used for future annual report notification)

786

For further information concerning this matter, please call:

David Siauvaud

Name of Person

Area Code Daytime Telephone Number

616-7342

Enclosed is a check for the following amount:

■ \$25.00 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) 1.

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 TO ARTICLES OF ORGANIZATION OF

Design Fabrics Store 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 Liability Company were filed on $\frac{05/25/2018}{2018}$ and assigned Florida document number $\frac{1.18000131171}{2000131171}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

	The second
	FILL BE T
	ASSET
	For the second s
· · · · · · · · · · · · · · · · · · ·	ORID RID

B. If amending the registered agent and/or registered office address on our records, enter the **Frame of the new** registered agent and/or the new registered office address here:

Name of New Registered Agent:	David Siauvaud	
New Registered Office Address:	425 NE 22nd St Apt 2401	
	Ento	er Florida street address
	Miami	, Florida ³³¹³⁷
	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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	David Siauvaud	425 NE 22nd St Apt 2401, Miami FL 33137	Add
			Remove
	David Pastrana	425 NE 22nd St Apt 2401, Miami	Change
AMGR		F1. 33137	Add
			Remove
	Omar Pastrana	425 NE 22nd St Apt 2401. Miami	Change
MGR		FL 33137	Add
			Remove
		<u> </u>	
·			🗆 Add
			🖾 Remove
			Change
. <u> </u>			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

÷

(b)

	···· ••
·	· · · · · · · · · · · · · · · · · · ·
	K 10
	F9 8 1
	5 m
	. <u> </u>
	R w
	0 T 0
09/01/2018	
	(optional)
Effective date, if other than the date of filing:	than 90 days after filing.) Pursuant to 605 0207 (3
Note: If the date inserted in this block does not meet the applicable statutory filing re-	duirements, this date will not be listed as the
document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time	e at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	cy de refor dinition die comer on
The 90th day after the record is filed.	

September 25th Dated	2018
	· ··
	ace
	Signature of a member or authorized representative of a member

DAVID SIAUVAN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00