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COVER LETTER

Divis	ion of Corp	porations		
SUBJECT:	//ART & D	GILIO DESIGN LLC		
Name of Limited Liability Company				
The enclosed /	Articles of 7	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		ALEJANDRO A MARTII	NEZ	
			Name of Person	 ,
			Firm/Company	
		6995 NW 82 AVENUE E	BAY # 44	
			Address	
		MIAMI FL 33166		
			City/State and Zip Code	
		REALESTATEBYALEJAI		
			to be used for future annual report notifi-	cation)
For further info	rmation co	accerning this matter, please ca	all:	
ALEJANDRO	A MARTII	NEZ	786 853-9928	
	Name of I	Person	at ()Area Code Daytime	Telephone Number
Enclosed is a cl	neck for the	following amount:		
■ \$25,00 Filii	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		G ADDRESS: ion Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Registration Section

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MART & D'GILIO DESIGN LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records Liability Company)	<u>i.)</u>
The Articles of Organization for this Limited Liability Company	were filed on 06/28/2018	and assigned
Florida document number L18000134062		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		3 ± 57 ± 57 ± 57 ± 57 ± 57 ± 57 ± 57 ± 5
		- 25
Enter new mailing address, if applicable:		~ ∴
Mailing address MAY BE A POST OFFICE BOX)		3¢ €, ±
		
		• •
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, e:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	,, Flor	rida
· · · · · · · · · · · · · · · · · · ·	City	Zin 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	DAVID SUAREZ	6995 NW 62 AVENUE	
		MIAMI FL 33166	■ Remove
			Change
AMBR	GABRIELLA GELLER	6995 NW 62 AVENUE	
		MIAMI FL 33166	■ Remove
			Change
			Remove
			Change
			Remove
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		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			□ Change
			Add
			Remove
			☐ Change

ALEJANDRO MARTINEZ	25%		
EDMUNDO CADENA	25%	<u> </u>	
JOSE DALMAU	25%		
GABRIEL SUAREZ	25%		
		<u> </u>	
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			2
			PH
			₩)
tive date, if other than the date of ffective date is listed, the date must be spe If the date inserted in this block doment's effective date on the Departm	The and cannot be prior to date of filing or more s not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursua equirements, this date will no	nt to 60 t be lis
ecord specifies a delayed effect e 90th day after the record is	tive date, but not an effective tim filed.	e, at 12:01 a.m. on the	earl
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A / A	re of a member or authorized representative of		

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Filing Fee: \$25.00