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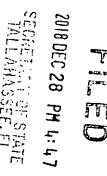
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor SUBJECT:		DASIGN LL	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen Drawspa 401 NE	Name of Person Name of Person OC Asign LLC Firm/Company Uizher Blue #412 Address	Bookatan FL 33432
	ellicon S E-mail address: (1	City/State and Zip Code We Down; Cobe used for future Innual report notif	
Stenler	oncerning this matter, please ca	at (214) \$93-1	990 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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 TO ARTICLES OF ORGANIZATION OF

FILED

DREAM SPACE DEST	2018 DEC 28 PM 4: 47 any as it now appears on our records.) Liability Company) 14LLARIASSEE 514TE
The Articles of Organization for this Limited Liability Company	were filed on 9/6/2018 and assigned
Florida document number <u>L 18000 212984</u>	
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 Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	170 NE 2nd St Ste 1053
(Principal office address MUST BE A STREET ADDRESS)	Boxa Raton, FL 33432
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	170 NE 2nd St Ste 1053 1800 Rotan, FL 33432
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the ne</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>

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

<u>or removed</u>	from our records:		
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR.	Stephen Eltson	401 NE Mizner Blue #412 Box Ratan, FL 33432	D Add
	,	150ca Ratan, TL 33932	Remove
M at	0 11 -		Change
W ISK	Russell Elison	401 NENtrana Blud #412 Boxa Rofan, FI 33432	Add
			□ Remove
			Change
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₹ If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00