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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

SUBJECT:	ANITSDESIGN L	LC	
	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for tiling.	
Please return all corresp	ondence concerning this matter t	o the following:	
	ALINA	A MARIA BRIZZARD MARGIOTTA	
	EDOENI	Name of Person CH & DE LA RUA, CPA FIRM LLC	
	rroenti	ON & DE LA ROA, CHA FIRMI LLC	
Firm/Company			
	12008 \$	SOUTH SHORE BLVD, STE 210	
		Address	
	WE	ELLINGTON, FL 33414	
	ADMIN	City/State and Zip Code @FROEHLICHCPA.COM	
	E-mail address: (to	o be used for future annual report notified	ition)
For further information	concerning this matter, please ca	II:	
ALINA MARIA BRIZZ	ARD MARGIOTTA	561 795-9500	
Name	of Person	Area Code Daytime T	elephone Number
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 tadditional copy is enclosed)

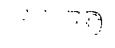
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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



2015 NOV -4 PH 6: 08

	ANITSDESIGN, LLC		7 11 0 00
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	· - ·
The Articles of Organization for this Limited Li Florida document numberL18000216670	· · · —	09/12/2018	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company ho	e <u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		our records, enter	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		Florida	
	Ciţv		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, 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
MGR	ANA LUISA RODRIGUEZ	12373 ROCKLEDGE CIRCLE BOCA RATON, FL 33428	
			■ Remove
MGR	JUAN CARLOS COUTTENYE	4250 BISCAYNE BLVD, APT 712	□ Change
		MIAMI, FL 33137-0000	Add
			☐ Remove
			Change
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<u>te:</u> If the d	ate inserted in this block does	not meet the applicable statutor	og or more than 90 days after tiling.) Pursuant by filing requirements, this date will not b	o 605,020 e listed a
tument's ef	fective date on the Departmer	of State's records.		
record si	pecifies a delayed effect	ve date but not an effec	tive time, at 12:01 a.m. on the ϵ	arlier .
	day after the record is f		are time, at 12.01 d.iii, on the t	.armer
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Page 3 of 3

Filing Fee: \$25.00