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COVER LETTER

TO: Registration So Division of Cor			
	DESIGN LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	MARGARETE PROSPER		
		Name of Person	
	LIMITED DESIGNS LLC		
		Firm/Company	
	840 SW 81ST AVE		
		Address	
	NORTH LAUDERDALE F	L 33068	
		City/State and Zip Code	
	MARGARETTEPROSPER®	PGMAIL.COM be used for future annual report notif	*d.u.s
For further information c	concerning this matter, please cal	·	icanom
MARGARETTE PROSE	PER	561 9452901	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres		Street Address:	vion
Registration bivision of C		Registration Sec Division of Corp	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIMITED DESIGNS LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on or Liability Company)	ur records.)		.
The Articles of Organization for this Limited Liability Company	were filed on <u>09/17/20</u>	18		_ and assigned
lorida document number L18000220677				
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
IMITED DEDIGN LLC				
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" o	r the abbro	ev Es on "L.I.,C."
nter new principal offices address, if applicable:	N/A	· ·	1	24 APR
Principal office address MUST BE A STREET ADDRESS)	N/A	•		
		•	7. – . 7. – .	<u>a</u> (1)
		;	1 2 1 797 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2	D D
nter new mailing address, if applicable:	PO BOX 101802			
Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE FL 33310 *			ω
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, <u>enter the</u>	e name (of the new regist
Name of New Registered Agent: MARGARETT	E PROSPER	<u></u>		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

NORTH LAUDERDALE

840 SW 81ST AVE SUITE 301M

City

ITATGATE & Prosper

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

____, Florida 33068 Zip Code 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	MARGARETTE PROSPER	840 SW 81ST AVE SUITE 301M	= Add
			□Remove
			□Change
			□Remove
			□Remove
			□ Change
			□ Remove
			□Change
			□Add
			□ Remove
			□ Add
			□Remove
			□Change

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ffeet H	e date, if other than the date of filing:
rd : îlec	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.
()-	4/10/2024
	Margare de Proser Signature of a member or authorized representative of a member