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TO:

Registration Section

Division o	of Corp	oorations	· "		
		FIL, LLC			
SUBJECT:			nited Liability Company		
The enclosed Artic	des of 2	Amendment and fee(s) are sub	omitted for filing.		
Please return all co	orrespor	ndence concerning this matter	to the following:		
		ALEXANDRE PIQUET			
			Name of Person		
		PIQUET LAW FIRM PA			
			Firm/Company		
		1000 BRICKELL AVENT	IE. SUITE 201		
			Address		
		MIAMI, FLORIDA 3313			
			City/State and Zip Code		
		JANINI@PIQUETLAWFI			
		E-mail address: (to be used for future annual report no	ntification)	
For further informa	ation co	ncerning this matter, please c	all:		
ALEXANDRE PI	QUET		786 558-8054		
	Name of	Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check	k for the	r following amount:			
■ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing A</u> Registra			Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co	Division of Corporations		
P.O. Box Tallahas		7 L 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGN UTIL, LLC		<i>6</i> .
Name of New Registered Agent: NOT APPLICABLE		
T	were filed on <u>09/25/2018</u>	and assigned &
This amendment is submitted to amend the following:		
	lity company here:	
	in Commune " the Assistantias "I I	(" or the abbreviation of I C"
		s, or the appreviation (L.L.C.)
• • •	TOT ATTECADED.	
(Principal office daaress MOST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NOT APPLICABLE	
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:		r the name of the new registered
New Registered Office Address:		
	Enter Florida street addre	288
		Torida
New Danistered Agent's Signature if changing Devistored Agent-	(ŵ	z.p c.oae
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and , F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
 		
<u> </u>		
<u></u>		
		
		•
If an effective date is listed, the Note: If the date inserted	than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 d in this block does not meet the applicable statutory filing requirements, this date will not be list e on the Department of State's records.	5. 0 20 ted a
e record specifies a delaye rd is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
Dated JULY 23	(yantes) S. (5) (5)	
	Signature of a member or authorized representative of a member	
	1. 2. 2	

Filing Fee: \$25.00