## 118000242257

(Ř	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
. (C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name	e)
(D	ocument Number)	
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Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	į
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Office Use Only



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## **COVER LETTER**

Division of Cor			
Do Not Dis	sturb, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Danielle Rodriguez		
		Name of Person	<del></del>
	11890 NE 16th Ave Apt	Firm/Company 4	<del> </del>
	Miami, FL 33161	Address	
	info@weardonotdisturb.co		
For further information c	E-mail address: ( concerning this matter, please or	to be used for future annual report notifi all:	cation)
Danielle Rodriguez		786 444-6846	
Name o	f Person		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 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



November 16, 2018

DANIELLE RODRIGUEZ 11890 NE 16TH AVE., APT. 4 MIAMI, FL 33161

SUBJECT: DO NOT DISTURB, LLC Ref. Number: L18000242257

We have received your document for DO NOT DISTURB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Letter Number: 918A00023646

Brenda L Vorisek Director

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited L Florida document number L18000242257	Liability Company	were filed on 10/15/2018	and assigned
This amendment is submitted to amend the fol	J	ility company here:	18 DEC -
The new name must be distinguishable and contain the	words "Limited Lishi	lity Cormany " the devianation "I I	C" or the abbreviation "I I To"
Enter new principal offices address, if appli		11890 NE 16th Ave	Se of the above vialous (E.E. & O
(Principal office address MUST BE A STREET ADDRESS)		Apt 4	5. 5
		Miami, FL 33161	
Enter new mailing address, if applicable:		11890 NE 16th Ave	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33161	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		e: h Ave Apt 4	
		Enter Florida street addr	
	Miami	, F	Florida 33161
		Ciry	Zip Code

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

Do Not Disturb, LLC

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
	Nicole Saavedra	1455 N TREASURE DR APT #3J	□ Add
		NORTH BAY VILLAGE, FL	
		33141	■ Remove
			Change
AMBR Sarah Katzenstein	Sarah Katzenstein	1455 N TREASURE DR APT #3J	
		NORTH BAY VILLAGE, FL	
		33141	Remove
		<del></del>	☐ Change
			Add
			□ Remove
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			Remove
			Change
	<del></del>		
			□ Remove
			Change
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			□ Change

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: If	date, if other than the date of filing: (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	M- M
	Signature of a member or authorized representative of a member
	Danielle Rodriguez
	Typed or printed name of signee

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Filing Fee: \$25.00