19000030340

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
tified Copies	Certificates of	Status
pecial Instructions to	o Filing Officer:	
	Office Use Only	



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2019 DEC -5 PH 4: 26
SECRETARY OF STATE
TALLAHASSEF FI

O SIMMONS JAN - 9 2020

Registration Section **Division of Corporations** Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Name of Person Firm/Company ther information concerning this matter, please call: Name of Person Daytime Telephone Number

ed is a check for the following amount:

5.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

DESIGNS THAT U	WORK	LIC.	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appea Liability Company)	ers on our records.)	
rticles of Organization for this Limited Liability Company document number <u>L1900030340</u>	were filed on _	129/2019	and assigned
nendment is submitted to amend the following:			
amending name, enter the new name of the limited liab	ility company h	ere:	
name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or th	ie abbreviation 3 .L.C."
new principal offices address, if applicable:			
i <u>pal office address MUST BE A STREET ADDRESS)</u>			-5 PI
			SS C P
			Est +
new mailing address, if applicable:	<u> </u>		26 ATE 26
ig address MAY BE A POST OFFICE BOX)			
mending the registered agent and/or registered office a ind/or the new registered office address here:	ddress on our i	ecords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	, Florida		
	City		Zip Code
gistered Agent's Signature, if changing Registered Agent:			
y accept the appointment as registered agent and agreen ons of all statutes relative to the proper and complete the obligations of my position as registered agent as piled to merely reflect a change in the registered office only has been notified in writing of this change.	performance of rovided for in ([°] my duties, and 1 at Chapter 605, F.S. C	m familiar with and Or, if this document is
If Chang	ging Registered Ag	ent, Signature of New	Registered Agent

ed from our records:		
Manager Authorized Member		
Name	<u>Address</u>	Type of Action
Roberto Olivares	861 NE 80th ST.	Add
	MigMI, FL 33138	□Remove
		□Change
		□Add
		□Remove
	SECRETAIR TALLAHA	Change Change Change
	TALLAHASSEE, FL	PRemave ☐Remave ☐Change
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		□Add
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ending any other information, enter change(s) here: (Attach add		
		
		
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ve date, if other than the date of filing:	(optional)	_
ctive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fint's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 60	5.0207 (3 sted as th
specifies a delayed effective date, but not an effective time, at 12:01 a.i	m. on the earlier of: (b) The 90th day after	er the
ECEMBER 27, 2019.		
Men		
ignature of a member or authorised representat	live of a member	
KNO HO MINNES		