## L 19000055686

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	ne)
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(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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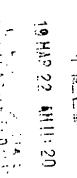
Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ICLASSY DESIGNS	LLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ana I Ramirez Penaloza		
		Name of Person	
	DICLASSY DESIGNS LL	C.	
		Firm/Company	
	3317 WESTFORD CIR SV	V	
	Address		
	VERO BEACH FL 32968		
		City/State and Zip Code	
	diclassydesign@gmail.com		
		to be used for future annual report notif	ncation)
For further information	concerning this matter, please ca	ıll:	
ANA RAMIREZ		772 562-5594 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Article IV

Second person(s) authorized to manage LLC:

Fill B.00.408

February 266, 2019

Sec. Of State

Fill B.00.608

February 254 and May 1st in the calendar year following formation of the LLC reafter to maintain "active" status.

## ARTICLES OF ORGANIZATION OF

DICLASSY DESIGNS LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Con Florida document number L19000055686	mpany were filed on FEBRUARY 26 2019	and a	ssigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "	L.L.C.	.—
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	ess)	· -ri	م:	
			<u> </u>	
		•	?3 :3	- 1.
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	. •	্র
Mailing address MAY BE A POST OFFICE BOX)	-	14.		Ų.
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		- :	$\overline{\circ}$	
3. If amending the registered agent and/or registe registered agent and/or the new registered office addre		r the name	e of t	<u>he n</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Code	c	_

## 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>	Name	Address	Type of Action
AMBR	IRIA V DE AZEVEDO	3317 WESTFORD CIR SW VERO BEACH FL 32968	Add
			□ Remove
			■ Change
			□ Remove
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		<del></del>	
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	<del></del>
L'ec.	etive data if other than the data of filing.
Note	ctive date, if other than the date of filing:
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
	MARCH, 20 , 2019
Date	
Date	Mul - ·
Date	Signature of surembor-or authorized representative of a member

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Filing Fee: \$25.00