## K19000109111

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## **COVER LETTER**

	Registrat Division o				
ern rez		TLE DE	SIGNS, LLC		
SUBJEC	.l:		Name of Lim	ited Liability Company	
The enck	osed Artic	des of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all co	orrespond	dence concerning this matter	to the following:	
			Jorge L. Cruz		
				Name of Person	
			Global Incorporation Servi	ees LLC	
	Firm/Company				
	1000 Brickell Ave Suite 620				
				Address	
			Miami, Fl 33131		
				City/State and Zip Code	
			jorgecruz@usaglobalinc.com		
For furth	er informa	ation cor	h-mail address; () neerning this matter, please ca	to be used for luture annual report a all:	otification)
Jorge L (				786 5541174	
	۸	Name of F	erson		time Telephone Number
Enclosed	l is a check	k for the	following amount:		
<b>≅</b> \$25.0	00 Filing 1	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)
	<u>Mailing A</u> Registra		ction	Street Address: Registration S	
	Division	r of Co	rporations	Division of C	Corporations
	P.O. Bo: Tallahas		. 32314	The Centre o 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 NOV 17 AM 2: 19

SECRETARY OF STATE TALLAHASSEE, FLUR

TURTLE DESIGNS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L19000109111}{L19000109111}$ .	were filed on <u>04/22/201</u>	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	iity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida Zup Code
<del></del>		
	Сиу	z.ip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree	·	·

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel Garibotto	2020 NE 153 St., Unit 102	<b>=</b> Add
		North Miami Beach, FL 33162	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change
		<u> </u>	□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [In effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Note:  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  [If the date in service in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  [If the date is serviced to the date will not be listed as a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distribution of the date				
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	Jorge L. Cruz			

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