L19000117465

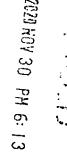
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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14M 13 2021

S. YOUNG

TO: Registration Se Division of Cor			
ARKHITE SUBJECT:	K DESIGN, LLC		
10 DJ EX. 1.	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:	
	SILVIO ROSSI		
		Name of Person	
		FimvCompany	
	5225 NW 105TH COURT		
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	silviovrossi@outlook.com		
		to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	nil:	
SILVIO ROSSI		786 863-9891 at ()	
Name o	of Person	Area Code Daytimo	: 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 Fec. 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ARKHITEK	DESIGN, LLC	5~.3
(Name of the Lim	ited Liability Compa	iny as it now appears on our record Liability Company)	<u>s.)</u>
	(A Fiorida Limited)	Liability Company)	
The Articles of Organization for this Limited I	_iability Company	were filed on April 30, 2019	and assigned*
Florida document number L19000117465	•		
This amendment is submitted to amend the fol	lowing:		60
A. If amending name, enter the new name	of the limited liab	ility company here:	ū
ADDJACENT, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	5225 NW 105TH COURT	
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33178	
			
Enter new mailing address, if applicable:		5225 NW 105TH COURT	
(Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 33178	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	5225 NW 105T	'H COURT	
		Enter Florida street addres	2
	DORAL	, Flo	orida <u>33178</u>
		Cin	Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SILVIO ROSSI	5225 NW 105174 COURT	□Add
		DORAL, FL 33178	ПRетюче
			⊟Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
		•	□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change

Effective date, if other than the date of filing: If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of: (b) The 90th day after the ord is filed. 2020 Signature of a member or authorized representative of a member of a member of signee.	lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing: (Optional) (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ord is filed. NOVEMBER 24 2020 Signature of a member or authorized representative of a member SILVIO ROSSI	_	
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Signature of a member or authorized representative of a member SILVIO ROSSI		
SILVIO ROSSI	Dated _	OVEMBER 24 / (
SILVIO ROSSI		414
		Signature of a member or authorized representative of a member

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