

LI9000258644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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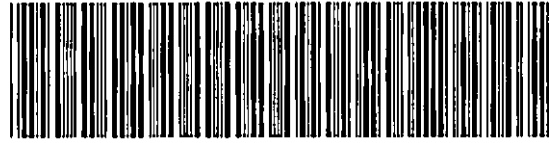
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI HOME DESIGN SHOWROOM LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE DE LIMA VALVERDE
Name of Person

MIAMI HOME DESIGN SHOWROOM LLC
Firm/Company

4141 NE 2ND AVE SUITE 106B
Address

MIAMI FL 33137
City/State and Zip Code

JVALVERDE@MIAMIHOMEDESIGNUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE VALVERDE at (954) 809-9032
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MIAMI HOME DESIGN SHOWROOM 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 were filed on 10/15/2019 and assigned Florida document number L19000258644.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSE VALVERDE

New Registered Office Address:

4141 NE 2ND AVE SUITE 106B

Enter Florida street address

MIAMI

City

Florida

33137

Zip Code

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

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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGM</u>	<u>MANOEL KORT-KAMP</u>	<u>4141 NE 2ND AVE SUITE 106B</u> <u>MIAMI FL 33137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGM</u>	<u>JOSE VALVERDE</u>	<u>4141 NE 2ND AVE SUITE 106B</u> <u>MIAMI FL 33137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGM</u>	<u>BRENO MIRANDA</u>	<u>4141 NE 2ND AVE SUITE 106B</u> <u>MIAMI FL 33137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGM</u>	<u>RAMIRO ORTIZ</u>	<u>4141 NE 2ND AVE SUITE 106B</u> <u>MIAMI - FL 33137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGM</u>	<u>LEO SHEHTMAN</u>	<u>4141 NE 2ND AVE SUITE 106B</u> <u>MIAMI - FL 33137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

2. 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

a) The date specified in the record.
b) The 90th day after the record is filed.

Dated 10/15/2019

Handwritten signature of Jose Valverde

Signature of a member or authorized representative of a member

JOSE VALVERDE
Typed or printed name of signee