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Certified Copies	Certificates of	of Status
Special Instructions to Filir	ng Officer:	

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COVER LETTER

	Registration Sec Division of Corp				
cum uzc		TOS DESIGN LLC		•	
SUBJEC	1;	Name of Limited Liability Company			
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Rafael Santos Camacho			
			Name of Person		
		RAFA SANTOS DESIGN	LLC	.*	
		<u> </u>	Firm/Company		
		2280 SW 32ND AVE unit	409		
		 	Address	444,44	
		Miami, Fl 33145			
		·	City/State and Zip Code		
		santoscamachorafael@gmai		<u> </u>	
Una Gratha	er information o	E-mail address: (oncerning this matter, please o	to be used for future annual report no	tification)	
		oncerning this matter, prease c			
Raafel Sa	intos Camacho		305 684-7690 at ()		
	Name o	f Person	Area Code Dayti	ine Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	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 Addres Registration		Street Address: Registration S	Section	
	Division of C		Division of Corporations		
	P.O. Box 632		The Centre of		
	Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FA SANTOS DESIGNILLO (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 $\frac{10/15/2019}{10/15/2019}$ ____ and assigned 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Type of Action
AMBR	Rafael Santos Camacho	2280 SW 32nd Ave Unit 409	= Add
		Miami, FI 33145	□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
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Frective date, if other than the date of filing: 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 605.020 merg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. 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 its filed. December 3rd	_	
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	ned .	
Rafael Santos Camacho		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00