120000032412

		_
(Re	equestor's Name)	
(Δ.	idress)	
(00	idiess)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
no chan	of mad	Q.
	Office Use Onl	hv



600340595546

02/18/20--01011--011 **25.00

SECRETARY OF STATE CORPORATION 25

Smemo

COVER LETTER

	Registration Se Division of Co				
SUBJEC		DE DESIGN LLC			
SOBJEC.	·	Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub-			
		DIEGO M GUADALUPE			
			Name of Person		
		THE SHADE DESIGN LL	С		
			Firm/Company		
		2515 POLK ST #17			
			Address		
		HOLLYWOOD, FL 33020)		
		Matiasguadalupe@hotmail.	City/State and Zip Code		> ≛c
			to be used for future annual report	notification)	TUSE S
For furthe	r information c	concerning this matter, please co	all:		
Diego M	Guadalupe		717 858-642-	<u>‡</u>	Z CERRY CER
	Name c	of Person	Area Code Da	ytime Telephone Number	OF STATE BEFORATIONS AM 9: 25
Enclosed i	is a check for t	he following amount:			<u>ਨ</u>
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
		•	-		

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



March 13, 2020

DIEGO M GUADALUPE THE SHADE DESIGN LLC 2515 POLK ST #17 HOLLYWOOD, FL 33020

SUBJECT: THE SHADE DESIGN LLC

Ref. Number: L20000032412

We have received your document for THE SHADE DESIGN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records you have not made any changes with this form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 920A00005640

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SHADE DESIGN

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

,		۰ بې
The Articles of Organization for this Limited Liability Company	were filed on 1.20000032412	
Florida document number <u>1.20000032412</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words "Limited Liability and Contain the words "Limited Liability".	ty 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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter th</u>	: name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	. Florid	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		1
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and i rovided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

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
MGR DIEGO M GUADALUPE	DIEGO M GUADALUPE	2515 POLK ST#17	≘ Add
	HOLLYWOOD FI. 33020	[□Remove	
		□Change	
			□Add
			□Remove
		-	☐ Change
		□Add	
		□Remove	
			□Add
			□Remove
			□Change
		E)Remove	
		☐Change	
		[]Add	
			□Remove
			[]Change

. 11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
(If an effe Note:	optional) ctive date, if other than the date of filing: (optional) ctive 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) fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the record cord is file	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 d.
Dated _	··
	Alleria
	Signature of a member or authorized representative of a member
	DIEGO M GUADALUPE
	Typed or printed name of signee

Filing Fee: \$25.00