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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
SUBJECT: Center Lock	k Designs LLC				
<u></u>	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	David Santiago	Name of Person			
	Center Lock Designs LLC	Firm/Company			
	13786 Cleto Dr	Address		202	
		Addiese	ALLA ALLA	2021 SEP 30 PM 2: 08	6.23.
	Estero FL. 33928	City/State and Zip Code		30	1
	centerlockdesigns@gmail.c	com	10.5 10.4	PK	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)	2: 08	•
			'		
David Santiago Name o	i Person	at (<u>609</u>) <u>712-1914</u> Area Code Daytime	· Telephone Number	_	
Enclosed is a check for th	ne 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 F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Addres		Street Address:			
Registration S		Registration Sec Division of Cor			
Division of C P.O. Box 632		The Centre of T	-		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Center Lock Designs LLC			
(Name of the Limi	<u>ted Liability Co</u> (A Florida Lim	mpany as it now appears on ou ited Liability Company)	r records.)
The Articles of Organization for this Limited I	iability Comp	any were filed on <u>February</u>	20, 2020 and assigned
florida document number <u>1.20000057196</u>			
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited	liability company here:	
David Santiago Media LLC			
The new name must be distinguishable and contain the v	words "Limited I	liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	202
Principal office address MUST BE A STREE	ET ADDRESS	<u></u>	ACR S
			P
Enter new mailing address, if applicable:		<u>N/A</u>	ASSEE
(Mailing address MAY BE A POST OFFICE BOX)			2: 0 FAI
			m ω
3. If amending the registered agent and/or agent and/or the new registered office addre		ice address on our records	, enter the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stre	et address
	N/A		Florida <u>N/A</u>
		City	Zip Code

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 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

SECRETARY OF ST	Type of Action	
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an effecti lote: If	e date, if other than the tive date is listed, the date me the date inserted in this hat's effective date on the l	ist be specific and block does not it	cannot be prior to neet the applical	date of filing or role statutory filin	nore than 90 days	optional) after filing.) P s, this date w	ursuant to 605.0 ill not be lister)207 d-as
record s Lis filed	specífies a delayed effecti l.	ve date, but not	an effective tim	ie, at 12:01 a.m.	on the earlier c	of; (b) The S	90th day after	the
ated	September	- 26th	2021	_ ·				
	Septembe.	Signaturo l'a r	nember or author	ized representativ	e of a member			
	()	C 1.		name of signee				
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