L2000 136859

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
eun inerp.	Attia Desig	ns LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Aπicles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Diana Rosito		
			Name of Person	
		Attia Designs		
			Name of Person Firm/Company Address City/State and Zip Code ss: (to be used for future annual report notification) se call:	
		11027 Mill Pond Ct		
			Address	
		Jacksonville, FL 32257		
			City/State and Zip Code	
		hello@attiadesigns.com		-
For Codhania	- C		·	fication)
		oncerning this matter, please c		
Diana Rosito			at ()	
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, F	Section orporations 7	Registration Se Division of Cor The Centre of T 2415 N. Monro	porations fallahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Attia Designs 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 05/20/2020 Florida document number <u>L20000136859</u> 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 "LLC." 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 , Florida

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>	Address	Type of Action
CEO	Diana Rosito	11027 Mill Pond Ct Jacksonville, FL 32257	≣ Add
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