

L20 000163587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

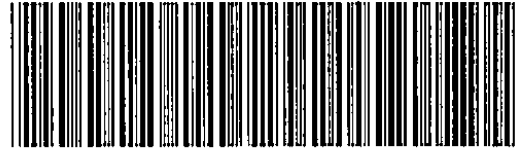
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

D. BRUC  
AUG 11 7

TO: Registration Section  
Division of Corporations

SUBJECT: STARTING DESIGN 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:

PAZMINO STEPHANY

Name of Person

STATING DESIGN LLC

Firm/Company

5907 CHIPOLA CIRCLE

Address

ORLANDO, FL 32809

City/State and Zip Code

nmparalegalservices@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Moyeton (DBA NM PARALEGAL SERVICES)

321

304-9027

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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of the new

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
AMBR	LAYANA JOHN	5907 CHIPOLA CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PAZMINO STEPHANY	5907 CHIPOLA CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLS CHANGES TITLES:

WE WOULD LIKE TO CHANGE DE TITLE OF AR TO AMBR FOR THE FOLLOWING PERSONS:

LAYANA, JOHN PLEASE CHANGE TO AMBR

PAZMINO, STEPHANY PLEASE CHANGE TO AMBR

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TALLAHASSEE, FL

**E. 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 605.021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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: (b) The 90th day after the record is filed.

Dated JUNE 26 2020

*Stephany Pazmino.*

Signature of a member or authorized representative of a member

STEPHANY PAZMINO

Typed or printed name of signee

**Filing Fee: \$25.00**