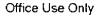
120000163587

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/29/20--01015--010 **

SECRETARY OF STATE

D BRUC' NUG 117

SUBJECT:	G DESIGN LLC		
30101:C1.	Name of Lim	ited Liability Company	
The appleant totals of	f American and first years sub-	minut for Clina	
•	f Amendment and fee(s) are sub	_	
Please return all corresp	ondence 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@hotm		
		to be used for future annual report notific	ration)
For further information	concerning this matter, please c	all:	
Nancy Moyeton (DBA	NM PARALEGAL SERVICES		
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		LAH)
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sights & Certified Copy (additional copy in Archived)
Mailing Addro	·ss:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

STARTING DESIGN LLC		
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
-	ability Company were filed on 06/15/2020	and assigne
Florida document number 1.20000163587		
This amendment is submitted to amend the follo	owing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		SE 2021
		SECRETALLA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	w -
		SE PA
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address on our records, <u>enter the</u>	name of the new se
agent and/or the new registered write address	S. K. I.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	Zip Code

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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with at accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this documer 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
AMBR	LAYANA JOHN	5907 CHIPOLA CIRCLE	□ Add
-		ORLANDO, FL 32809	⊡Remove
			■ Change
AMBR PAZMINO STEPHANY ————————————————————————————————————	PAZMINO STEPHANY	5907 CHIPOLA CIRCLE	
		ORLANDO, FL. 32809	□Remove
			□Change
·			SEARE IA
			LAHASSEE FL
			—————————————————————————————————————
			□Remove
			(Change
			🗀 Add
			□Remove
			Change

WE WOULD LIKE TO CHAN	GE DE TITLE OF AR TO AMBR FOR THE FOLLOWING PERSONS:
LAYANA, JOHN	PLEASE CHANGE TO AMBR
PAZMINO, STEPHANY	PLEASE CHANGE TO AMBR
	
	TAL
TO Balance	AS
	の
ective date, if other than the dieffective date is listed, the date must be: If the date inserted in this bloc ument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to k does not meet the applicable statutory filing requirements, this date will not be
cord specifies a delayed effective of filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
ed JUNE 26	any Pasmin. ignature of a member or authorized representative of a member
⇒Jê bh	and Hagunina

Filing Fee: \$25.00