1100193994

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(OR) Olarez Lipit Hone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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zenbusiness

Date: 12/18/2023

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: A-Sesh Designs LLC - File Number: L20000193994

To Whom It May Concern:

Attached please find the executed Certificate of Amendment the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc. Attention: Nicholas Bialota	
336 E. College Ave.	r.a
Suite 301	
Tallahassee, FL 32301	-
(4444445500), 113 32301	

If you have any questions, please feel free to contact me at 844-493-6249 or at {fulfillment@zenbusiness.com or compliance@zenbusiness.com}.

Thank you,

Nicholas Bialota ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A-SESH DESIGNS LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L20000193994		and assigned
This amendment is submitted to amend the following:	_'	
•		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u></u>	
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 na	ame of the new regis
gent and/or the new registered office address here:		-
		-
Name of New Registered Agent:		·.
Name Dissipational Office Address		σ,
New Registered Office Address:	Enter Florida street address	
	T712-3	
	, Florida	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 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Wayne Thomas Larson	39 East Rd Delray Beach, FL 33483	≡ Add
			□ Remove
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 _____ 2023 /s/ Wayne Thomas Larson Signature of a member or authorized representative of a member Wayne Thomas Larson Typed or printed name of signee