LZC000244318

(Requestor's Name)
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(Business Entity Name)
(,
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FILED 5:55

12/17/20

30B8ECT	Name of Lim	DE HEADQUATERS ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CITAISTO	PHEK FEROUSS	
		Name of Person	
	PRESTICE ,	NOR COM DE MEADO Firm/Company	QUATERS
	<u>75</u> 9.	19 FELW CREEK. Address	D2
		E FL 3203'7 City/State and Zip Code	
		CCC Stromes//C. CON to be used for future annual report i	
For further information co	oncerning this matter, please c	•	(Mileanon)
CHASTOPHIA Name of	Person	at (<u>90/</u>) <u>759</u> Area Code Day	-D536 time Telephone Number
Enclosed is a check for th	ne following amount:		
2 \$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 S		Street Address Registration	
Division of C		Division of C	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

DESTIGE WORLDWIDE HEADQUATERS LLC

(Name of the Lamited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	8-//-2020 and assigned
Florida document number <u>L2000244318</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	-
Enter new principal offices address, if applicable:	2020
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	· 골 C
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	59
3. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Fl	records, enter the name of the new reg
	, Florida
City	Zip Code

New Registered Agent's Signature, it changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	DUNTED T. DAVISII	BLI47 PIVERWOOD DF, YULEE FI	31097 □ Add
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ffective date, if other an effective date is listed to the lote: If the date insert ocument's effective of	d, the date must be sperted in this block do	ecitic and cannot bes not meet the	pe prior to date : applicable sta	of filing or me	ore than 90 day	(optional) ss after filing, ts, this date) Pursuant (will not be	o 605. 2 liste
record specifies a de	layed effective date.	but not an effec	ctive time, at	12:01 a.m. o	n the earlier	of: (b) Th	e 90th day	after
t is filed.	î-2020		11/1	2/	11			