(shown below) on the top and bottom of all pages of the document.

(((H23000133373 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter	the	email	address	for	this	busines	s entity	to	be	used	for	future
							ne email					

Email	Address:							
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SENSA DESIGN BY ANDREA MEJIA LLC Certificate of Status

Certified Copy 0 Page Count 04 Estimated Charge \$25.00

APR 1 1 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENSA DESIGN BY ANDREA MEJIA LL				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)		-	
The Articles of Organization for this Limited Liability Company	were filed on 11/04/2020	and a	issigned	I
Florida document number <u>L20000350372</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abi	oreviation '	L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		****		
			····	
Enter new mailing address, if applicable:	7901 4TH St N STE 300			
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33702		<u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name	of the n		istered
agent and/or the new registered office address here:		=	123	
			3	
Name of New Registered Agent:			-	
New Registered Office Address:		· -	هر	- 6
	Enter Florida street address	Q:-	4.	
	Florida	57	÷-	

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.

Cnv

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>	Name	Address	Type of Action
AMBR_	MEJIA, ANDREA	7901 4th St N STE 300	X·Add
		St. Petersburg, FL 33702	[]Remove
			□Change
AMBR	MEJIA, ANDREA	1058 TAMIAMI TRAIL, SUITE 108 BOX 122	□Add
		SARASOTA, FL 34236	XRemove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-William and and an	DChange
			□Add

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Note:	ve date, if other than the date of filing:
ne recor ord is fil	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 ed.
Dated .	April 10
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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