## L21000055842

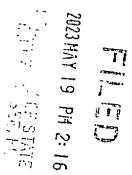
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## **COVER LETTER**

	egistration Se ivision of Cor			
cup ic.ca		ART AND DESIGN LLC		
SUBJECT		Name of Lim	ited Liability Company	·
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		ROCIO MARTINEZ		
			Name of Person	
		<u> </u>	Firm/Company	202
		3032 SW 67TH LN		2023 HAY
			Address	<del></del>
		MIRAMAR, FLORIDA, 3	3023	· · · · · · · · · · · · · · · · · · ·
		rocio.mt@outlook.com	City/State and Zip Code	2: 1 5 Mi
For further	r information o	E-mail address: ( oncerning this matter, please of	to be used for future annual report noti all:	fication)
	IARTINEZ		786 8599459 at ( )	
	Name o	f Person		e Telephone Number
Enclosed i	s a check for th	ne following amount:		
≣ \$25,00	0 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)
	<u>lailing Addres</u> Legistration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	porations	
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	Fallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	pears on our records.) iy)	
he Articles of Organization for this Limited Liability Company were filed on	February 01, 2021	and assigned
lorida document number L21000055842		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company	y here:	
ROPICO DESIGN STUDIO LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		023
Principal office address MUST BE A STREET ADDRESS)	· <del>*</del>	A U
	<u></u>	9
nter new mailing address, if applicable:	मंक	12
Mailing address MAY BE A POST OFFICE BOX)	#1	<del>-</del>
If amending the registered agent and/or registered office address on ou	ir records, <u>enter the na</u>	ime of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter	Florida street address	

## 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 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	<u>Address</u>	Type of Action
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			□Remove
			□Add
			□Remove
			2023 □Change NY □ □Add
			O CIAdd  Remove
			D □ Remove  □ Change
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Effective date, if other than the fan effective date is listed, the date mus	st be specific and cannot be p	rior to date of filing or i	nore than 90 days aft	t <b>ional)</b> er filing.) Pur	suant to (	605.0207
Note: If the date inserted in this bl document's effective date on the D			ng requirements, th	nis date will	not be l	isted as
e record specifies a delayed effectived is filed.	e date, but not an effective	re time, at 12:01 a.m.	on the earlier of: (	(b) The 90	th day a	fter the
Dated MAY 16	. 2023					

Filing Fee: \$25.00

Typed or printed name of signee