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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT.	Propdesign (osulting CC.		
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Paulo	Redondo Name of Person		
	Propole.	sign Cosulting LLC		
	•	Firm/Company	J.S.	202
	3180 South	rign Cosulting CCC Firm/Company h West 22nd St Address	Apt 907 LAHASSEE	2021 AUG -9 PM 2: 17
		Address	5 5	-9
	Miami	, FL 33145 City/State and Zip Code	HS.C	
		City/State and Zip Code	ion FAI	ν, €
	Prop design	n Confultingue @ gmail. at to be used for future annual report notif	ication)	17
For further information c	oncerning this matter, please c			
David (ame lo	at (<u>786</u>) <u>868</u> Area Code Daytime	- 8961	
Name o	f Person	Area Code Daytime	: Telephone Number	_
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is	tatus &
Mailing Addres		Street Address:		
Registration S		Registration Sec		
Division of C P.O. Box 632	•	Division of Cor The Centre of T		
Tallahassee, I			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Coulting LCC.
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
	ty Company were filed on 04 - 12 - 2021 and assigned
orida document number <u>L 21006 168 55 8</u>) <u>. </u>
is amendment is submitted to amend the following	g:
If amending name, enter the new name of the	limited liability company here:
Propdesign (Consulting LCC. CO Standard Company." the designation "LLC" or the abbreviation "LLC."
e new name must be distinguishable and contain the words	
iter new principal offices address, if applicable	
rincipal office address MUST BE A STREET AL	
	E. F.L.
nter new mailing address, if applicable:	m -1
<u> Iailing address MAY BE A POST OFFICE BOX</u>	2
	
If amonding the registered agent and/or registered	ered office address on our records, enter the name of the new regis
cent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 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.

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>	<u>Name</u>	Address Type of Action
AMBR	Paula Redondo	3180 SW 22nd St Miami, 33145 MAdd
		Change
M62	Paula Redondo	3180 SW 22nd St Miani, 3145 DAdd
		Remove
		SEC 2021 □ Change □
		SSEE, FI
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Change
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