## L21000169679

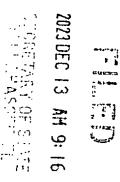
| (Req                       | uestor's Name)   |             |
|----------------------------|------------------|-------------|
| (Add                       | ress)            |             |
| (Add                       | ress)            | -           |
| (City/                     | /State/Zip/Phone | e #)        |
| PICK-UP                    | ☐ WAIT           | MAIL        |
| (Busi                      | iness Entity Nar | ne)         |
| (Doc                       | ument Number)    |             |
| Certified Copies           | Certificates     | s of Status |
| Special Instructions to Fi | iling Officer:   |             |
|                            |                  |             |
|                            |                  |             |
|                            |                  |             |
|                            |                  |             |
|                            |                  |             |
|                            |                  |             |

Office Use Only



100417447141

10/23/23--01031--029 \*\*25.03



DEC 1 8 2023 D CUSHING

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

| SUBJECT:          | Design Vol  | lt by Anaiya                                    |   |   |  |              |        |
|-------------------|---|---|---|---|--|--------------|--------|
| SOBJECT.          |   | Name of Lim                                     | ited Liability Company  |   |  |              |        |
| The enclosed      | l Articles of   | Amendment and fee(s) are sub                    | omitted for filing.   |   |  |              |        |
| Please return     | all correspo  | ondence concerning this matter                  | to the following:   |   |  |              |        |
|                   |   | Anaiya Turner                                   |   |   |  |              |        |
|                   |   |   | Name of Person  |   |  |              |        |
|                   |   | Design Volt by Anaiya                           |   |   |  |              |        |
|                   |   | <del></del>                                     | Firm/Company  |   |  |              |        |
|                   |   | 20501 nw 33 place                               |   |   |  |              |        |
|                   |   | <del></del>                                     | Address   | <del></del>                                       | (7)  | 20           |        |
|                   |   | Miami Florida 33056                             |   |   |  | 2023 DEC   3 | e 64   |
|                   |   |   | City/State and Zip Code   |   | \z.j!<br>Etzi  | <u></u>      |        |
|                   |   |   |   | <u> </u>  | :<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3 | AH           | :<br>; |
|                   | _   |   | to be used for future annual report noti  | fication)   | 1 (1<br>1 <sub>(2</sub> )  | 9:           | 1,000  |
| For further in    | nformation c  | oncerning this matter, please c                 | all:  | 1**   |  | 91           |        |
| Anaiya Tum        | er  |   | 786 800-7164<br>at ( )  |   |  |              |        |
|                   | Name o  | f Person  |   | ne Telephone Number                               |  |              |        |
| Enclosed is a     | check for th  | ne following amount:                            |   |   |  |              |        |
| ■ \$25.00 F       | filing Fee  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                       | S60.00 Fili Certificate Certified ( (additional c | of St<br>Copy  | atus &       |        |
| Reg<br>Div<br>P.C | iling Addressign Stration Stration of Co. Box 632 lahassee, 1 | Section<br>Corporations<br>17                   | Street Address:<br>Registration Se<br>Division of Cor<br>The Centre of 1<br>2415 N. Monro | porations   | 0  |              |        |

Tallahassee, FL 32303



November 1, 2023

ANAIYA TURNER DESIGN VOLT BY ANAIYA 20501 NW 33 PLACE MIAMI, FL 33056

SUBJECT: DESIGN VOLT BY ANAIYA LLC

Ref. Number: L21000169679

We have received your document for DESIGN VOLT BY ANAIYA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 323A00025344

RUSSELL L HUNT Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Design Volt by Anaiya

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Compan           | y were filed on                       | and assigned                   |
|--|---------------------------------------|--------------------------------|
| Florida document number L2100016979                                      |                                       | 111                            |
| This amendment is submitted to amend the following:                      |                                       |                                |
| A. If amending name, enter the new name of the limited lia               | bility company here:                  |                                |
| DesignVolt by Anaiya LLC.  |                                       |                                |
| The new name must be distinguishable and contain the words "Limited Lial | pility Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                      |                                       |                                |
| Principal office address MUST BE A STREET ADDRESS)                       |                                       |                                |
|  |                                       |                                |
|  |                                       |                                |
| 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, <u>enter</u>  | the name of the new registered |
| gent and/or the new registered office address here:                      |                                       |                                |
| Name of New Registered Agents  |                                       |                                |
| Name of New Registered Agent:  |                                       |                                |
| New Registered Office Address:   | E . El .t II                          | <u> </u>                       |
|  | Enter Florida street addre.           | 55                             |
|  |                                       | orida                          |
|  | City                                  | Zip Code                       |

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

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> </u> | <u>Name</u> | Address     | Type of Action |
|----------|-------------|-------------|----------------|
|          |             |             |                |
|          |             |             | □Remove        |
|          |             |             | □Change        |
|          |             |             | □Add           |
|          |             |             | □Remove        |
|          |             |             | □Change        |
|          |             |             | □Add           |
|          |             |             | □ Remove       |
|          |             |             | □Change        |
| <u>-</u> |             | <del></del> | □Add           |
|          |             |             | □ Remove       |
|          |             |             | Change         |
|          |             |             |                |
|          |             |             | Remove         |
|          |             |             | □Change        |
|          |             |             | □Add           |
|          |             | <del></del> | □Remove        |
|          |             |             | □ Change       |

| . If an  | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|----------|---|
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          | <del></del>   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          | <u>.                                    </u>  |
|          |   |
| (If an e | tive date, if other than the date of filing:  |
| he reco  | ord 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 filed. |
| Date     |   |
|          | Signature of a member or authorized representative of a member  |
|          | Anaiya Turner   |
|          | Typed or printed name of signee   |

Filing Fee: \$25.00