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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ustom Design Co	nnexion llc	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
	Dan Tim	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Registration Secti Division of Corpo	rations	·	
	CUSTOM DOS	GA CONNEXION	LLC_
SUBJECT: Costom Design Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Chariste Rodriguez Name of Person Custom Design Connexion LLC Firm Company 7309 NSR 4 Address PARK Cons Flags and Zip Code Distribute and Zip Code Distribute and Zip Code Total 4566 @ Qol Con E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: Dond Heridande I and General Code Name of Person Finclosed is a check for the following amount: Cs25.00 Filing Fee Secrificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations Registration Section Division of Corporations			
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Cha	RISSE Rodrigue	<u> </u>
	Custom).	ESIGN CONNEXION Firm/Company	LLC
	PARK LOND	FC 3306 7 City/State and Zip Code	
	DSH 4	566 (a) aot Com o be used for future annual report notifi	cation)
For further information co	meerning this matter, please ca	dt:	
			7288 × 119 Telephone Number
Name of	1 Person	/110m x 1/m	·
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status &
		Registration Sec	
Division of C	Corporations	Division of Cor	porations
P.O. Box 63. Tallahassee,		2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM Design L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $29900000000000000000000000000000000000$	were filed on $\frac{5/4/21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TEO 9 N SR 7- PARKLAND FR 3306 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7309 N SR 7 PARK CAND, FL 33067
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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 age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I further agree \(\theta\)comply with the performance of my dutics, and \(\text{Fam}\) familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Ch	anging 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

Title	Name	Address	Type of Action
	Charisse Rodriquez	1319ZNW 23 STREET	X\dd
	•	Pembroke Pines FL 33028	□Remove
			Change
			□Add
			□Remove
			□Change
			🗖 Add
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f an effective Note: Hith	ate, if other than the codate is listed, the date must be date inserted in this blo effective date on the De	be specific and cannot be ck does not meet the ap-	pplicable statutory	or more than 90 days filing requirements.	after filing.) Pursuant to	605,0207 listed as
e record sp rd is filed.	cifies a delayed effective	date, but not an effect	ive time, at 12:01 :	i.m. on the earlier o	f: (b) The 90th day	after the
Dated	June 9	havign X	21 Jugue 2	stative of a marriage		_
		ARISE Typed o				

Filing Fee: \$25.00