Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Pax Number : (561)214-B442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLAUDIA LAGRANGE DESIGN & MANAGEMENT LLO

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SEP - 7 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GE DESIGN & MANAGEMENT LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L21000199208	ompany were filed on <u>05/06/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	red liability company here:	
CL Design & Management LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nam	e of the new registered
Name of New Registered Agent		2022 All (
New Registered Office Address:	Enter Florida street address Florida	SEP -7 I
	Clay , Florida	-Zip Code -
New Registered Agent's Signature, if changing Registered	Agent:	Para Fr
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered	nplete performance of my duties, and I am fo mt as provided for in Chapter 605. F.S. Or	amiliar with and if this document is

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:

or removed from our records:	enter the biller and address of each person	Ottor added
MGR = Manager AMBR = Authorized Member		
Title Name	Address	سمامه ها الم

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
•			□Add
			□Remove
			Change
			
			□ Add
			🗆 Change
			□Add
			Remove
			🖸 Change

_	edling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	date, If other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
the record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Se	ptember 7th
	Signature of a member of a unithorized representative of a member
	Erin Saville, Attorney-In-Fact
	Typed or printed name of signes

Filing Fee: \$25.00