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COVER LETTER

10:

Registration Section Division of Corporations

Tallahassee, FL 32314

TATI DESING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PAJAN CARDERO, ARLENIS Name of Person Firm Company 3408 RIVER COVE DR Address TAMPA, FL 33614 City/State and Zip Code IDOCUREADY@GMAIL.COM E-mail address: (to be used for future annual (eport notification) For further information concerning this matter, please call: PAJAN CARDERO, ARLENIS 7 - 43 2 8 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATI DESING LLC		
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Compa	pears on our records.) ny)	 -
The Articles of Organization for this Limited Liability Company were filed or	05/21/2021	and assigned
Torida document number L21000238734		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbres i	ation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u></u> -
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u>¥6</u>	2022
		} 1
3. If amending the registered agent and/or registered office address on or	To records, enter the name of	(brownwarariet
gent and/or the new registered office address here:	<u>ကေ ကြေးကြောင်း</u> တဝ	
	نې بن پېرىن	ة 3 أيا
Name of New Registered Agent:	<u> </u>	22
New Registered Office Address:		
Enter	Florida street address	
	, Florida	
City	Z.	ip 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 amending Authorized Person(§) authorized to manage, enter the fitle, 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
MGRM	CARDERO, LIANNE	3408 RIVER COVE DR	
		TAMPA, FL 33614	■Remove
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		 	∐Remove
			SECRETARY
			CRETARY OF S JAILE Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and effective date is listed, the date must be specific and effective date is listed.	annot be prior to da	ue of filing or more	than 90 days after fil	ing.) Pur	suant to 6	605,0207
Note: If the date inserted in this block does not med document's effective date on the Department of Sta		statutory filing r	equirements, this d	ate will	not be i	isted as
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e record specifies a delayed effective date, but not ar	n effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90	th day a	fter the
rd is filed.						
	2022					
Dated,	2022					
// Q = A A	_					
Signature of a me	ember or authorized	d representative of	a member			

Typed or printed name of signee