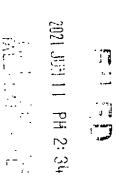
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17. BRUCE JUL 13 2021

COVER LETTER

TO: Registration S Division of Co				
	Designs, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Brianna V. Curry			
	<u></u>	Name of Person		
	Ani Alma Designs, LLC			
Firm/Company				
18520 NW 67th Avenue, #220				
		Address		
	Hialeah, FL 33015			
	anialmadesigns@gmail.con	City/State and Zip Code		
	E-mail address: (to be used for future annual re-	oort notification)	202
For further information of	concerning this matter, please c	all:		
Brianna V. Curry		754 581-0	343	2021 JUN 11 TALL! 333
Name o	if Person		Daytime Telephone Number	P /
Enclosed is a check for the	he following amount:			22
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy fadditional copy is enclose	ed) Certified (e of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ani Alma Designs, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	. —	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000245849</u>	were filed on May 26, 2021	and assigned	ď
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al	bhreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
m			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · ·	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the nan	ne of the new re	<u>eiste</u>
agent and/or the new registered office address here:		2021 JI	17
Name of New Registered Agent:			•
New Registered Office Address:	Enter Florida street address	<i></i>	. 77
			ا ا
	, Florida	Zin Code	
New Registered Agent's Signature, if changing Registered Agent:	C.M.	17 E	
	and the second second		ieh
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ze to act in this capacity. I further as performance of my duties, and I am	zree 10 compty v familiar with a	wun i nd

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>	Name	Address	Type of Action
MGRM	Brianna V. Curry	18520 NW 67th Avenue, #220	□Add
		Hialcah, FL 33015	□ Remove
			■ Change
		 	□Add
			Remove
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		June 1, 202	1	,	otional)	
ctive date, if other that effective date is listed, the date: If the date inserted in ument's effective date on	ate must be specific this block does no	and cannot be prior of meet the applic	able statutory fil	more than 90 days a	fter filing.) Pursua	nt to 605.02 be listed
cord specifies a delayed e s filed.		not an effective ti	ime, at 12:01 a.n	n. on the earlier of:	(b) The 90th o	lay after th
June Bria	7	202	<u> </u>			

Filing Fee: \$25.00