## h21000270576

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STORETHING STRAINE,

TO:

TO: Registration Sec Division of Cor			
	DESIGN ELC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAIME ARBULU		
		Name of Person	
	CANEPA DESIGN LLC		
		Firm/Company	<del></del>
	301 ALTARA AVE STE#	122	
		Address	-1,0
	CORAL GABLES, FL 331	46	702 JUL 13 71 70 14
		City/State and Zip Code	
	jarbulu@sierramuebles.pe		.∴
Car familia framentian		to be used for future annual report not	illication)
For further information c	oncerning this matter, please ca		
JAIME ARBULU		305 310-9967 at ( )	···
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	action
Registration : Division of C		Registration So Division of Co	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

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## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa		
(A Florida Limited 1	nv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 06/09/2021	and assigned
orida document number L21000270576		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
/A		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	301 ALTARA AVE	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	SUITE #122	122
	CORAL GABLES, FL 33146	, A. 1=
		: = = = = = = = = = = = = = = = = = = =
nter new mailing address, if applicable:	301 ALTARA AVE	
Mailing address MAY BE A POST OFFICE BOX)	SUITE #122	
running unwreas mere been been been been been been been b	CORAL GABLES, FL 33146	$\omega \overline{m} = \overline{f}$

## 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.

DocuSign Envelope ID: 713BE06F-FBE1-4694-A1E5-D5779CC1646E 11 amenung Authorized rerson(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>	<u>Name</u>	<u>Address</u>	Ī	ype of Action
MGR	VALERIA ARBULU	1541 SUNSET DR	_ 🗆 Add	
		STE 303		_□Remove
		CORAL GABLES, FL 33143		_ <b>=</b> Change
GRMBR	JAIME ARBULU	1541 SUNSET DR		_ □Add
		STE 303		_ □Remove
		CORAL GABLES, FL 33143		_ <b>■</b> Change
GRMBR	CARLA CANEPA	1541 SUNSET DR		_ 🗆 Add
		STE 303		_ □Remove
		CORAL GABLES, FL 33143	-4 -70 -77	Change :
			1:3	· · ·
			· · · · · · · · · · · · · · · · · · ·	_ ☐Remove
				□Change
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n effect	tive date is listed, the the date inserted i	e date must be spec	ific and ca	annot be prior	to date of fil	ing or more th	an 90 days afti	er bling,) Pursu	ant to 605. ot be liste	.1)2f) ed a
	it's effective date					, <u> </u>				
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is filed	specifies a delayed 1.	renective date, t	ill not ai	renective	me, at 12.0	or a.m. on m	e earner or. (	0) THE 70th	day arter	111
11	INF 30TH			2022						
acd	DocuSigned by.	lu			·					

Filing Fee: \$25.00