## LZ1000504778

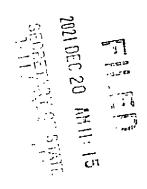
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## COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	Alina's	> Designs	<u>LLC</u>
The enc	losed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter (	to the following:	
		Alina	Charhala Name of Person	shvili
Bivision of Corporations  SUBJECT: Alina's Designs LLC  Name of Limited Labitity Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Alina Charhalashvili  Name of Person  Firm Company  G210 Orange Cove drive  Address  Or land FL 32819  City/State and Zip Code  info @ inferior design hashing. Com  E-mail address to be used for future annual sport floughation.  For further information concerning this matter, please call:  Alina Charhala Shvillat 407, 407 407 476 Daytime Telephone Number  Enclosed is a check for the following amount:  [S25.00 Filing Fee X 530.00 Filing Fee & Certified Copy Cadditional copy is enclosed)  Certificate of Status & Certified Copy Cadditional copy is enclosed.				
		6210 or	angl Cove	drive
		Or land	City/State and Zip Code  Terrior design by the used for future annual apport nou	<u>lalina.</u> com
For furt	her information co	neerning this matter, please ca	dl:	
P	Name of	Charhala Shi Person	Vilian (407) Fol- Area Code Daytim	- <del>- 7 + 6 6</del> c Telephone Number
Enclose	d is a check for the	: following amount:		
□ \$25	5,00 Fiting Fee	\$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

FILED
2021 DEC 20 AHII: 15
SECRETARY OF STATE

		. Florida	
New Registered Office Address:	Enter Florida	street address	
N. D. C. LOW A.D.			
Name of New Registered Agent:			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of the new re</u>	gistered
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
Interior Design The new name must be distinguishable and contain the words "Danied Liab	thity Company," the design	nation "L.L.C." or the abbreviation "L.L.C."	<del></del>
A. If amending name, enter the new name of the limited lial		a LLC	
This amendment is submitted to amend the following:	F-114		
Florida document number <u>L2100504778</u>			
The Articles of Organization for this Limited Liability Company	y were filed on <u>U</u>	2 <u>8/2021</u> and assigne	d
·	Liability Company)		

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(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□ Change
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<u>nte:</u> 1	te date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: {b} . The 90th day after tl d.
ited _	12/13/3021.
	Signature of a member or authorized epiesentative of a member
	ALINA CHARHALASHVILI

Filing Fee: \$25.00