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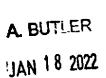
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nan	me)
(Доси	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6 DESIBI	H AHP	ARCHITECTURE, LLC2 JAN 0 10
(Name of the Limi	ted Liability ((A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited L	iability Con	npany were filed on 12.13. 2021 and assigned
lorida document number <u>L21 000 5 a</u>	23115	,
his amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limite	d liability company here:
he new name must be distinguishable and contain the	words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREE	ET ADDRE.	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and/or	registered o	office address on our records, enter the name of the new register
gent and/or the new registered office addre		\ <u>-</u>
Name of New Registered Agent:		
		
New Registered Office Address:		Enter Florida street address
		, Florida
		City Zip 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 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>	<u>Name</u>	Address	Type of Action
M62	6ianhina ihitaras	1040 BISLANME BUD. # 2606 MIAMI FLORIDA ?	Add
	CATAITIME		□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
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			Remove
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			□Change
			□Add
			□ Remove
			□Change

D. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> If	e date, if other than the date of filing:
If the record : record is filed	specifies 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 _	DAWARY BED 2022
	Signature of a member or authorized representative of a member
	GIAHHINA ZAPATIMI Typed or printed name of signee
	Typed or printed name of signee