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SECRETARY OF STATE OF STATE OF COMPORATION

## **COVER LETTER**

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Designs I	L.C.				
	So of Amendment and fee(s) are submitted for filing.  so of Amendment and fee(s) are submitted for filing.  sepondence concerning this matter to the following:  Michael Dempsey  Name of Person  ZenBusiness Inc.  Firm/Company  336 E College Ave. Ste 301  Address  Tallahassee. Fl. 32301  City/State and Zip Code  fulfillment@zenbusiness.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  of ZenBusiness Inc.  at (  Area Code Daytime Telephone Number or the following amount:				
Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Michael Dempsey  Name of Person  ZenBusiness Inc.  Firm/Company  336 E College Ave. Ste 301  Address  Tallahassee, Fl. 32301  City/State and Zip Code fulfillment@zenbusiness.com  F-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  y c/o ZenBusiness Inc.  Name of Person  Area Code  Daytime Telephone Number  ck for the following amount: g Fee  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Address:  Address:  Street Address: Registration Section					
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	Tallahassee, FL 32301				
		City/State and Zip Code			
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company)		
were filed on 2022-04-07	and assigned	
ility company here:		
hty Company," the designation "LLC" or	the abbreviation "L.L.C."	
1317 Edgewater Dr #6067		
Orlando, FL 32804		
PSC 45 Box 994		
APO, NY 09468		
address on our records, <u>enter the</u>	name of the new regis	
E. Clarida and II		
rmer viorida street address		
	la	
City	1 <b>a</b> Zip Code	
	ility company here:  ity Company," the designation "LLC" or  1317 Edgewater Dr #6067  Orlando, FL 32804  PSC 45 Box 994  APO, NY 09468  Enter Florida street address  Florida.	

## 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
AMBR	Andrea Vanessa Marrero	1317 Edgewater Dr #6067	□∧dd
		Orlando, FL 32804	□Remove
			■Change
AMBR	Javier Rodriguez	1317 Edgewater Dr #6067	□∧dd
		Orlando, FL 32804	□Remove
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te: If the date inserted in this ble current's effective date on the De	ock does not meet the ap	plicable statutory	filing requirements.	this date will not be	listed as
ecord specifies a delayed effectives is filed.	e date, but not an effecti	ve time, at 12:01 a	.m. on the earlier of:	(b) The 90th day a	ifter the
ted May 3	2022				
	a Marram				
/s/ Andrea Vanessa	Signature of a member or				

Filing Fee: \$25.00