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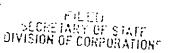
T. MATTHEWS
JUL 20 2022

COVER LETTER

TO:

TO: Registration Division of C			
CLIDIDATE	F DESIGN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		LUIS A PIMIENTA	
		Name of Person	
		MASSIFF DESIGN LLC	
		Firm/Company	
	3080 HOLI	DAY SPRING BLVD APT 103	
	•	Address	•
		MARGATE FL 33063	
	-	City/State and Zip Code	
		evalotaxservices@gmail.com	
		to be used for future annual report no	diffication)
For further information	n concerning this matter, please c	all:	
LUIS A PIMIENTA		754 302-9825	
Nam	e of Person		me Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee roc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MASSIFF DESIGN LLC

22 MAY 20 AM 11: 01

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on	04/29/2022	and assigned
Florida document number L22000203942	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company ho	ere:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our r	records, enter the na	ame of the new registered
Name of New Registered Agent:	- 		
New Registered Office Address:			
	Enter Flo	rida street address	
	City	, Florida	Zip Code
	Cuir		гір Соие

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS A PINASCO	3080 HOLIDAY SPRING BLVD APT 103	□Add
		MARGATE FL 33063	= Remove
			□Change
MGR	LUIS A PIMIENTA	3080 HOLIDAY SPRING BLVD APT 103	= Add
		MARGATE FL 33063	□Remove
			□ Change
			□Add
		·	□Remove
			□ Change
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ective date, if other than the date of filing:		(opti	onal)
n effective date is listed, the date must be specific and cann te: If the date inserted in this block does not meet to cument's effective date on the Department of State'	the applicable statuto		
ecord specifies a delayed effective date, but not an e s filed.	effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
MAY 17 20	022		
·			
Signature of a memb	ner or authorized repres	entative of a member	

Typed or printed name of signee