

H230001111483
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000218916

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((H230001111483))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
 Account Number : I20140000084
 Phone : (305)541-3980
 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 A REALLY BAD DESIGN LLC**

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS
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Electronic Filing Menu

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T. LEMIEUX
 MAR 24 2023

H230001111483

H23000111148 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A Really Bad Design LLC

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/20/2023 and assigned Florida document number 122000218916.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

H23000111148 3

H23000111148 3

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>	<u>Type of Action</u>
AMBR	BARRON JUNIOR, ANTONIO LONDES	6555 POWERLINE RD, STE. 209	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Monteiro, Daniel Eduardo	6555 Powerline Road suite 209	<input checked="" type="checkbox"/> Add
		FT. Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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H23000111148 3

