2200410576

(1	Requestor's Name)	
	Address)	
(/	nouress)	
- (/	Address)	
	City/State/Zip/Phone #)	
(ony/orace/zip/Filone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	iling Officer:	
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<u> </u>		

Office Use Only



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10/21/22--01005--003 **60.00

of 10/21/2022

COVER LETTER

TO:	Registration Section - Division of Corporations			
SUBJE	ccr: <u>DM</u> Closet	Designs Name of Limit	5 LLC ed Liability Company	
The en	closed Articles of Amendment ar	d fee(s) are subm	nitted for filing.	
Please	return all correspondence concern	ning this matter to	o the following:	
		Siana 1	Restrept Name of Person	
			Firm/Company	
	33	37 W.	HOLE TENACE Address	
		Hialean	1 FL 33018 City/State and Zip Code	
	dr	CloSe+ C E-mail address: (to	designs @ gmail be used for future annual report notific	cation)
For fur	ther information concerning this	matter, please cal	II:	
_D,	ONG LEST POR		at (786) 277- Area Code Daytime	Telephone Number
Enclose	ed is a check for the following an	nount:		
□ \$ 2.	5.00 Filing Fee	iling Fee & ate 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)

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

2022 007 21 7/110: 45

Zip Code

(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 Compartion for the Limited Liability Compartion of Comparting L22000410576	ny were filed on September 20, 2022 and assigned			
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 Lie	ability Company," the designation "L.L.C." 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 offic agent and/or the new registered office address here:	e address on our records, enter the name of the new regist			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Ela-ida			

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.

City

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
MGR	Diana Restrepo	3337 W 106 Terrace	■Add
		Hialeah, FL	□Remove
			□Change
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Note:	October 1, 2022 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
record d is fil	d 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 ed.
Dated _	October 21, 2022
	Signature of a member of authorized representative of a member
	or a member of a member of a member

Filing Fee: \$25.00