## L22000423366





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J128/2023

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

ision of Cor	porations		,	
•				
	Name of Limi	ted Liability Company		
Articles of	Amendment and fee(s) are sub-	nitted for filing.		
all correspo	ndence concerning this matter	to the following:		
	Hanna Kassab			
		Name of Person		
		Firm/Company	<del></del>	
	6970 sw 40th st			
		Address	<del>-</del>	
	Miami Fl 33155			
		City/State and Zip Code		
	milegiraldo33@aol.com			
	E-mail address: (	o be used for future annual report not	ification)	
nformation c	oncerning this matter, please ca	all:		
ab		786 9532676		
Name of Person		Area Code Daytir	ne Telephone Number	
s shook for th	na following amount:			
	-	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
uing ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
iling Addres	s <u>s:</u>	Street Address:		
Registration Section		Registration Section		
	-		The Centre of Tallahassee	
	Articles of all corresponds of the corresponds of t	Articles of Amendment and fee(s) are subtrall correspondence concerning this matter to Hanna Kassab  Hanna Kassab  6970 sw 40th st  Miami Fl 33155  milegiraldo33@aol.com E-mail address: (on formation concerning this matter, please castab  Name of Person  a check for the following amount: Filing Fee \$30.00 Filing Fee & Certificate of Status  iling Address:	Mistic rose designs lic  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Hanna Kassab  Name of Person  Firm/Company  6970 sw 40th st  Address  Miami Fl 33155  City/State and Zip Code milegiraldo33@aol.com  F-mail address: (to be used for future annual report not offormation concerning this matter, please call:  ab  1786  Name of Person  Area Code  Dayting Fee  \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Street Address: gistration Section  vision of Corporations  Street Address: Registration Section  Vision of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 NOV -8 AM 10: 59 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) MISTIC ROSE DESIGNS LLC The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/30/2022}{}$ and assigned Florida document number <u>L22000423366</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mystic Rose Designs LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6970 sw 40th st Enter new principal offices address, if applicable: Miami, FL 33155 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 6970 sw 40th St (Mailing address MAY BE A POST OFFICE BOX) Miami, Fl 33155 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: 6970 sw 40th st

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Mami

Enter Florida street address

, Florida 33155
Zip Code

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	Hanna Kassab	6970 sw 40th st Miami, Fl 33155	□Add
			□Remove
			□Add
			□Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 2015	ock does not meet the applicable	late of filing or more than 90 da e statutory filing requireme	( <b>optional)</b> ys after filing.) Pursuant to 605.020' nts, this date will not be listed as
record specifies a delayed effectiv	e date, but not an effective time	, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
1 is filed.	2022	-	
d is filed.			
d is filed.  September 30  Dated	Signature of a member of authorize	ed representative of a member	

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