

L23000013275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

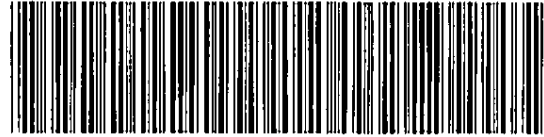
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700405819397

FILED

2023 APR 27 AM 11:43

CLERK OF STATE  
TALLAHASSEE, FL

1 27 23 415 4 027 \$25.00

4/21/23  
V-LN

RECEIVED

2023 APR 27 AM 11:27

CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DESIGNED BY EXPERTS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN DEL CIOPPPO

\_\_\_\_\_  
Name of Person

FJM BROS LLC

\_\_\_\_\_  
Firm/Company

2393 SALMISTA TER

\_\_\_\_\_  
Address

NORTH PORT, FL 34286

\_\_\_\_\_  
City/State and Zip Code

MDELICIOPPPO@HOTMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN DEL CIOPPPO

941

830-2944

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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**

DESIGNED BY EXPERTS LLC

(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 Company were filed on 01/05/23 and assigned  
Florida document number L23000013275.

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)**

5104 N Lockwood Ridge Rd #106

Sarasota, FL 34234

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5104 N Lockwood Ridge Rd #106

Sarasota, FL 34234

**FILED**  
2023 APR 27 AM 11:43  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
SARASOTA, FL

**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**

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	SORRENTINO, LUCIANO	5461 NW HWY 70	<input type="checkbox"/> Add
		ARCADIA, FL 34266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEL CIOPPPO, MARTIN EUGENIO	5461 NW HWY 70	<input type="checkbox"/> Add
		ARCADIA, FL 34266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	QUIJANO, EZEQUIEL	5461 NW HWY 70	<input type="checkbox"/> Add
		ARCADIA, FL 34266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DE LA VEGA, MARTIN	GURRUCHAGA 151	<input checked="" type="checkbox"/> Add
		BOULOGNE, BUENOS AIRES	<input type="checkbox"/> Remove
		ARGENTINA B1609	<input type="checkbox"/> Change
AMBR	FMJ BROS LLC	2393 SALMISTA TER	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34286	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

4/27/23

Mari - d. l. Ver.

Typed or printed name of signee

**Filing Fee: \$25.00**