

L23000013275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

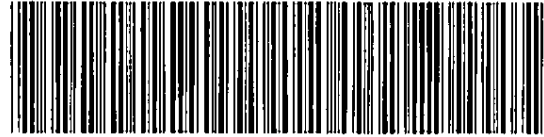
(Business Entity Name)

(Document Number)

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

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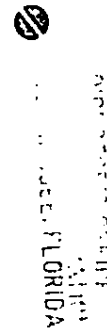
FILED

2023 APR 27 AM 11:43  
TALLAHASSEE, FL  
STATE OF FLORIDA

2023 APR 27 AM 11:43 \$25.00

4/27/23  
V.L.N

RECEIVED



2023 APR 27 AM 11:27  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA



**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 "L.L.C." 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  
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STATE  
SECRETARY  
TALLAHASSEE, 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 CIOPPO, MARTIN EUGENI	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

