## レ23000042937

| (Requestor's Name)                      |               |             |  |  |
|---|---------------|-------------|--|--|
| (Address)                               |               |             |  |  |
| (Address)                               |               |             |  |  |
| (City/State/Zip/Phone #)                |               |             |  |  |
| PICK-UP                                 | WAIT          | MAIL        |  |  |
| (Busin                                  | ess Entity Na | me)         |  |  |
| (Document Number)                       |               |             |  |  |
| Certified Copies                        | Certificate   | s of Status |  |  |
| Special Instructions to Filing Officer: |               |             |  |  |
|   |               |             |  |  |
|   |               |             |  |  |
|   |               |             |  |  |





300402886203

2023 FEB 27 PM 2: 5: 5746 | 1. 5 SEE. FL

- Carrier Carr

## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration S<br>Division of Co          |  |   |                             |  |
|---|--|---|-----------------------------|--|
| ALCANT.                                       | ARA DESIGN GROUP. LLC                        |   |                             |  |
| SUBJECT:                                      | •••  |   |                             |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                 | omitted for filing.   |                             |  |
| Please return all corresp                     | ondence concerning this matter               | to the following:   |                             |  |
|   | ANGELICA ALCANTAR                            | t A   |                             |  |
|   |  | Name of Person  |                             | <del></del>  |
|   | ALCANTARA DESIGN                             | GROUP, LLC  |                             |  |
|   |  | Firm/Company  |                             |  |
|   | 9030 SW 125TH AVE AP                         | T E-103   |                             |  |
|   |  | Address   |                             | <b>20</b> :  |
|   | MIAMI, FL 33186                              |   |                             | 2023 FEB 27<br>SSOFTALL ////                                     |
|   |  | City/State and Zip Code   |                             | B 27   |
|   | ALCANTARAGROUP305                            | @GMAIL.COM  |                             | رې <sup>۳۰</sup> .   |
|   | E-mail address: (                            | to be used for future annual re                                     | port notification)          |  |
| For further information                       | concerning this matter, please c             | ali;  |                             | PH 2: 55 OF STATE SEE, FL  |
| ANGELICA ALCANT.                              | ARA  | 305 934-2   | 2385                        | т; <b>С</b>  |
| Name o  | of Person                                    | at ()<br>Area Code  | Daytime Telephone Num       | ber  |
| Enclosed is a check for t                     | the following amount:                        |   |                             |  |
| ■ \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifi<br>sed) Certifi     | Filing Fee, ficate of Status & fied Copy final copy is enclosed) |
| Mailing Addre                                 |  | Street Add  |                             |  |
| Registration Section Division of Corporations |  | -   | ion Section of Corporations |  |
| P.O. Box 6327                                 |  | The Centre of Tallahassee   |                             |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALCANTARA DESIGN GROUP, LLC   |   |                           |  |
|---|---|---------------------------|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company) | <del></del>               |  |
| The Articles of Organization for this Limited Liability Company   | were filed on JANUARY 23, 2023                              | and assigned              |  |
| Florida document number 1.23000042937   |   |                           |  |
| This amendment is submitted to amend the following:   |   |                           |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                           |  |
| he new name must be distinguishable and contain the words "Limited Liabil   | ity 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)  |   | 282                       |  |
|   |   |                           |  |
|   |   | D                         |  |
| inter new mailing address, if applicable:   |   | 7                         |  |
| Mailing address MAY BE A POST OFFICE BOX)   |   |                           |  |
|   |   | 17 2 C                    |  |
|   |   | w Qi                      |  |
| <ol> <li>If amending the registered agent and/or registered office a<br/>gent and/or the new registered office address here:</li> </ol> | iddress on our records, <u>enter the</u>                    | name of the new register  |  |
|   |   |                           |  |
| Name of New Registered Agent:   |   |                           |  |
| New Registered Office Address:  |   |                           |  |
|   | Enter Floridu 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 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> | Name               | Address           | Type of Action   |
|--------------|--------------------|-------------------|------------------|
| MGR          | ANGELICA ALCANTARA | 9030 SW 125TH AVE |                  |
|              |                    | APT E-103         | □Remove          |
|              |                    | MIAMI, FL. 33186  | □Change          |
|              |                    |                   |                  |
|              |                    |                   | □Remove          |
|              |                    |                   | ☐ Change         |
|              |                    |                   | □Add SEC: TAC: B |
|              |                    |                   | 22 Denange 7     |
|              |                    | ☐ Remove          |                  |
|              |                    |                   | Change           |
|              |                    |                   |                  |
|              |                    | □Remove           |                  |
|              |                    |                   | Change           |
|              |                    | □Add              |                  |
|              |                    | □Remove           |                  |
|              |                    |                   | □ Changa         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated FEBRUARY 17 2023 ANGELICA ALCANTARA Typed or printed name of signee

Filing Fee: \$25.00