LZ3000104763

(Requestor's Name)
(Address)
(133,433)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: For Ms. Brady nothing else but Moine change. Idd page. 5/9/23 V.W
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COVER LETTER

	stration Sect			
SUBJECT:	BINK	SPARRO Name of Limit	DESIGNS LLC led Liability Company	.
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
	-	PATRICIA	Name of Person	
			Firm/Company	
		8714 Bob	CAT LANE Address	
	`	Ptty Cho	City/State and Zip Code AOL, Con be used for future annual report noti	fication)
For further in	formation com	cerning this matter, please ca	11:	
ETTE-	Name of F	PERSON PERSON	at (S63) ScOO Daytim	1462 e Telephone Number
Enclosed is a	check for the	following amount:		
∑\$25.00 Fi	ling 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

(Name of the Limited Lial (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 123000104	Company were filed on $2-27-2023$ and assigned 763
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here: DESTONS L. C. Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD.	
	2023 HAR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
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ffect	tive date, if other than the date of filing: 03 07 2023 (optional)
an ef	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
reco	rd 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
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	03 08 2023
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ated	Later A Korada
ated	Signature of a member or authorized representative of a member