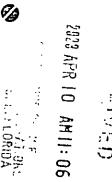
(Requestor's Name)	
(Address)	
(Address)	
, ,	
(Cit. (Chara Tia (Dhana 16	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
PICK-UP WAIT	L. WALL
(Business Entity Name)	
(Document Number)	.
(Socalite Managery)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
APP PN	
1/1/2	
<i>√023</i>	

Office Use Only



600399482076 711 77

04/16/23--01002---025 **30.00



COVER LETTER

ΓΟ: Registration Sectorial Division of Corp		.,	•
SUBJECT:	ap <u>Create</u> Name of Limit	and Design led Liability Company	LLC
Γhe enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
		Name of Person	0
		Firm/Company	
	13645 E	- Colonial OS	AR+ 330
	Orlando, Fl	3 2 8 26 City/State and Zip Code	
	E-mail address: (to	ACJESIAN LLC a be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	11:	
Collin Az Name of 1	Person	at (339) 209 - Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ S55.00 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

6				Design		<u>_</u>
	(Name of th	e Limited Liability	Company as	<u>sit now appears oh</u>	our records.) (115 7 11 15	• ; ;
		(A Florida	Limited Liabil	ity Company)	MALITARA PA	

THED

The Articles of Organization for this Limited Liability Company were filed on $\frac{March 16, 2023}{L 2000136739}$ and assigned Florida document number $\frac{L 23000136739}{L 2000136739}$.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited I	liability Company," the designa	tion "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		
,	·	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered off	ice address on our record	ls, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		. <u>.</u>
New Registered Office Address:	Enter Florida str	rcet 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>	Address	Type of Action
AMBR	Collin Azevedo	13645 E Colonial Dr, APL	330 Add
		Oflando, FL, 32826	[]Remove
AMBR	Danier Sunchez	1020 Mount Vernons	Add Add
		Orlando FL, 32803	□Remove
			[MChange
			🗀 Add
			DRemove
			□Change
			DAdd
			□Remove
			🖾 Change
			Dadd
			□Remove
			□Add
			□Remove
			□Change

D. If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u> </u>	
(If an effective date Note: If the date	e 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) the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the dective date on the Department of State's records.
f the record specific ecord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>04/</u>	10/2023
	Signature of a member or authorized representative of a member
	CONIA AZEVEDO Typed or printed name of signee