

L23000159057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

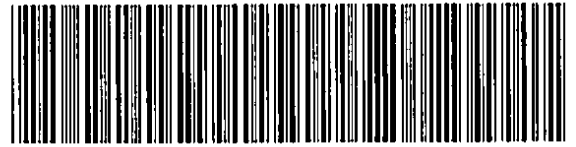
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/23--01003--015 **25.00

2023 MAY 22 PM 4:43
Filing Office
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DESIGN FOUR GROUP I.L.C
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:

ISIS ISABEL
Name of Person
H & I TAX AND INVESTMENT CORP
Firm/Company
1860 N PINE ISLAND RD STE #111
Address
PLANTATION FL 33322
City/State and Zip Code
ISISTAX@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISIS ISABEL 954 476-7100
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

DESIGN FOUR GROUP LLC

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>
MGR	TOSTI RODRIGUEZ, RICARDO	4540 GUILFORD ST	<input type="checkbox"/> Add
		DETROIT, MI 48224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODRIGUEZ TOSTI, RICARDO I	4540 GUILFORD ST	<input checked="" type="checkbox"/> Add
		DETROIT, MI 48224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I JUST NEED TO CHANGE MY LAST NAME AS FOLLOWS :

INSTEAD OF TOSTI RODRIGUEZ, RICARDO H IT HAS TO BE

RODRIGUEZ TOSTI, RICARDO H

PLEASE JUST CHANGE MY LAST NAME BECAUSE IT IS WRONG.

EVERYTHING ELSE REMAINS THE SAME.

2023 MAY 22 PM 4:43

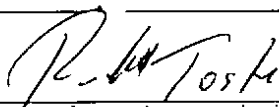
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 MAY 15TH 2023



Signature of a member or authorized representative of a member

RODRIGUEZ TOSTI, RICARDO H

Typed or printed name of signee