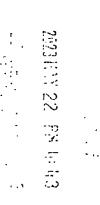
## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





05/22/23--01008--015 \*\*25.00



## **COVER LETTER**

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

TO:

CUBICAT.	DESIGN FOUR	GROUP LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		ISIS ISABEL			
		Name of Person			
H & I TAX AND INVESTMENT CORP			IT CORP		
	Firm/Company				
	1860 1	N PINE ISLAND RD STE #1	111		
		Address			
	PLA	ANTATION FL 33322			
		City/State and Zip Code		73	
		STAX@AOL.COM			
	E-mail address: (	to be used for future annual repo	rt notification) .	60	
For further information e	oncerning this matter, please ca	all:		ro	
ISIS ISABEL		954 476-71	00		
Name o	f Person		Daytime Telephone Number	PH 14.3	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	te of Status &	
Mailing Addres		Street Addre			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	· ·		e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGN FOUR C		
( <u>Name of the Limited Liabili</u> (A Floridi	ity Company as it now appears on our rect a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000159057</u>	Company were filed on <u>03/29/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		Land Land
E. A		22
Enter new mailing address, if applicable:	<del>-</del>	70
(Mailing address MAY BE A POST OFFICE BOX)		7.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street add	dress
		Florida Zip Code
	City	Ap 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TOSTI RODRIGUEZ, RICARDO	4540 GUILFORD ST	□ Add
		DETROIT, MI 48224	■Remove
			□Change
MGR	RODRIGUEZ TOSTI, RICARDO I	4540 GUILFORD ST	<b>=</b> Add
		DETROIT, MI 48224	□Remove
			□Change
			□ Remove
			Add
			☐Remove
			Change
			Remove
			Change
			□Remove
			□Change

INSTEAD OF TOSTI RODRIGU	JEZ, RICARDO H	IT HAS TO BE		
RODRIGUEZ TOSTI, RICAR	ЮН			
PLEASE JUST CHANGE MY L	AST NAME BECA	USE IT IS WRONG.		
EVERYTHING ELSE REMAIN	S THE SAME.			
	· · · · · · · · · · · · · · · · · · ·	-		
<del></del>	5.51			·
		<b></b> ,		
				2)(23)
			<u>-</u> .	
<del></del>				. 22
<del></del>			<del>-</del>	1.0 10.0 1.00
	_			<del></del>
ffective date, if other than the date an effective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Depart	specific and cannot be does not meet the ap	plicable statutory fili	more than 90 days afte	<b>ional)</b> r filing.) Pursuant to 605. is date will not be liste
record specifies a delayed effective da I is filed.	te, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (I	b) The 90th day after
MAY 15TH	2023			
W1474	$\longrightarrow$	<del></del> *		

Typed or printed name of signee