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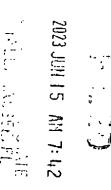
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
. D & L Desi SUBJECT:	gns FL LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	indence concerning this matter	<u>-</u>		
	.			
	Benedetta Scarr			
		Name of Person		
		Firm/Company		
	3040 NE 16 Avenue Apt A-408			
		Address		
	Oakland Park, FL 33334			
	*****	City/State and Zip Code		
	scarrdetta14@gmail.com			
		to be used for future annual report n	otification)	
	oncerning this matter, please ca	all:		
Benedetta Scarr		786 277-7167 at ()		
Name o	f Person		imc Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	Street Address: Registration S	Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of	t Lallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



D & L Designs FL LLC

2023 JUH 15 AH 7: 42

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/09/2023}{1}$ and assigned Florida document number L23000281420 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 mv 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
MGR Benedetta Scarr	Benedetta Scarr	3040 NE 16 Avenue Apt A-408	■Add
		Oakland Park FL 33334	□Remove
			☐ Change
			□Add
			☐ Remove
			□Change
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5 17 <i>66</i> - Alexandra 16 - Alexandra 4		(I)
 (If an effective date is listed, the date n 	ne date of filing: must be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing require Department of State's records.	90 days after filing.) Pursuant to 605.0207 (3)(
the record specifies a delayed effected is filed.	live date, but not an effective time, at 12:01 a.m. on the e	earlier of: (b) The 90th day after the
Dated June 13	2023	
Benedit	Ha Scarr Signature of a member or authorized representative of a member	
/	Signature of a member or authorized representative of a me	mber
Benedetta Scarr		
*****	Typed or printed name of signee	

Filing Fee: \$25.00