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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 17 DESTENS SERVICE LLC 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:	
William Antonio Vega Name of Person  William Antonio Vega Firm/Company	
1031 Ives Dairy Road Suite 228-10	64
Miami, FL 33179  City/State and Zip Code  Contact 017 Statues and replics.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
William A. Vega at (775) 5022510  Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$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

17	DESIGNS	SERVICE	LLC	
	(Name of the Limited Liability	Company as it now appears of himited Liability Company)		

The Articles of Organization for this Limited Liability Company Florida document number <u>L2300034353</u> 6	were filed on 07/20/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
17 DESIGNS SERVIC The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1031 Ives Dairy Road, Suite 228-1064. Miani, FL 33 179
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1031 Ives Dairy Road, Suite 228-1064. Miami, FL 33179
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	EC 27 I
	Enter Florida street address  Florida  City  Tillip 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 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
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record Lis fil	d 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 ed.
ated <sub>.</sub>	12/20/2023
	Signature of a member or authorized representative of a member
	William Antonio Vega Laguado Typed or printed name of signee