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COVER LETTER

TO:

£-			
CVTI	DEŞIGNS, LLC		•
SUBJECT:		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all com	respondence concerning this matter	to the following:	
	CARLOS VAZQUEZ TO	RRES	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified Copy (raddmonal copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, Suite 810			
	<u></u>	Firm/Company	
	13110 LOLA DR		
		Address	
	SPRING HILL, FLORIDA	V 34609.	
	carlosvazqueztorres91@gn	•	
	E-mail address: (to be used for future annual report noti	fication)
For further informati	ion concerning this matter, please c	all:	
CARLOS VAZQUEZ TORRES			3()
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing Fe		Certified Copy	Certificate of Status &
			ction
Division of Corporations		Division of Cor	porations
	44. 1 W 24211	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CVT DESIGNS, LLC			2023 AUG []	4H 10: 08
(Name of the Lim	ited Liability Compar (A Florida Limited L	v as it now appears on our	records.)	
The Articles of Organization for this Limited I Florida document number $\frac{1.23000345360}{1.23000345360}$		were filed on 07/21/2023		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation	1 "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				<u></u>
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ac ess here:	ddress on our records, <u>(</u>	enter the name	of the new registere
Name of New Registered Agent:	CARLOS VAZO	QUEZ TORRES		
New Registered Office Address:				
		Enter Florida street (address	

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.

Cin

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS VAZQUEZ		□Add
		13110 LOLA DR SPRING HILL, FL 34609	Remove
			□Change
MGR	CARLOS VAZQUEZ TORRES	13110 LOLA DR SPRING HILL, FL 34609	= Add
			□Remove
			□Change
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ffectiv	se date, if other than the date of filing: (optional)	
an effe	ctive 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 605.02	07 (
ote: T ocume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.	as t
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	ıe
l is tīle	ed.	
	A 20,20 + 7th 2027	
ated _	August 7th 2023.	

Typed or printed name of signee