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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	RAIA DESIG	N STUDIO LLC	
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MAURICIC APONTE MA		
		Name of Person	
		Firm/Company	
		Address	2023 NOV 29 PH 3: 0
		City/State and Zip Code	29 PH 3
For further information	E-mail address: (to be used for future annual report noti all:	fication) 3.
		at () Area Code Daytim	e Telephone Number
Name	of Person	Area Code - Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	★\$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAIA DESIGN ST			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Cor		08/01/2023	and assigned
Florida document numberL23000361101	<u>.</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	ere:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>		
			2023 NOV
			a and a second
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			17
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			3: O
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
New Registered Office Address.	Enter Flo	orida street address	
		, Floric	da
	City	,	Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ANA MARIA RODRIGUEZ VANEGAS	300 SE 2ND STREET SUITE 600-59	≚ Add
		FORT LAUDERDALE, FL 33301	⊡Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not need the applicable statutory filidocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursua ing requirements, this date will no	nt to 605 0207 (3) t be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. cord is filed.	ion the earlier of: (b) The 90th o	iay after the
Dated 14 - 11 - 2023		
Signature of a member or authorized representative	ve of a member	
MAURICIO APONTE MAFLA Typed or printed name of signee		

Filing Fee: \$25.00