L23000448518

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A. PARISHANI OCT 2 2 2023

COVER LETTER

TO: Registration So Division of Cor			•
	DESING LLC		
SUBJECT:	Name of Lim	ited Liability Company	2023 01.1
			. ÚÙ 1
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEFANIE YEPES		Ali II: 22
		Name of Person	
	Y & Y BUSINESS CONS	SULTANTS, LLC	
		Firm/Company	
	175 SW 7TH STREET. SU	UITE 1524	
		Address	
	MIAMI, FLORIDA 33130)	
		City/State and Zip Code	
	STEFANIE.YEPES@YYY		
		to be used for future annual report not	afication)
For further information of	concerning this matter, please c	all:	
STEFANIE YEPES		305 200-5004 at ()	
Name C	d Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of 2415 N. Monre	Tallahassee Se Street, Suite 810
Tallahassee,	F に JZ314	2410 IN, MORRO	or oneer one ord

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 CCT 13 MINI 4

LALINDE DESING LLC

(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 SEPTEMBER 27, 2023 _ and assigned Florida document number L23000448518 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LALINDE DESIGNS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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
			□Add
			□Remove
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fective date, if other than the dat in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior to da does not meet the applicable	(optional) te of filing or more than 90 days after filing.) P statutory filing requirements, this date wi	ursuant to 605,020 Il not be listed a
ecord specifies a delayed effective da is filed.	te, but not an effective time, a	nt 12:01 a.m. on the earlier of: (b) The 9	0th day after the
OCTOBER 03	2023		
Maria Lalinde Flore Maria Lalinde Flore (Oct. 3, 2023 27, 28 EDT)	es_		
	nature of a member or authorized		

Filing Fee: \$25.00