Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TD COMPANY LLC Account Number : I20240000063 Phone : (407)591-7989 Fax Number : (407)822-9953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDIO M NORTH PORT DESIGNER HOMES LLC

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JUL 0 9 2024

K. Brumbley

ARTICLES OF AMENDMENT TO + A ARTICLES OF ORGANIZATION OF

STUDIO M NORTH PORT DESIGNER HOME:	SILC			
(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 Comp Florida document number L23000461650	any were filed on 10/05/2023	and assigned		
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 I	liability Company," the designation "LLC" or t	he abbreviation "1,,1,C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter the i</u>	name of the w registered		
Name of New Registered Agent:		50 PA		
New Registered Office Address:				
	Enter Florida street address	11 S		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Name	Address	Type of Action
AMBR	Rocha Markman, Milena	7611 Miami View Drive	□Add
		North Bay Village, FL 33141	_
			©Change
AMBR Michal Witek, Kamil	Michal Witek, Kamil	7611 Miami View Drive	🗆 Add
		North Bay Village, FL 33141	■Remove
		□Change	
MGR Rocha Markman, Milena	7611 Miami View Drive	■Add	
	North Bay Village, FL 33141	□Remove	
			□Change
		□Add	
			□Change
			□Add
			□Remove
			□Add
			□Remove
			G.C

	HOLDING, LLC
7611 Miami View Drive	
North Bay Village, FL 3314	1

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·	
ote: it the date inserted in this bi	at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 lock does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the D	repartment of State's records,
	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
is filed.	2024
is filed. July 1st	. 2024

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