## 

| (Re                     | equestor's Name)   |                                       |
|-------------------------|--------------------|---------------------------------------|
| (Ad                     | dress)             |                                       |
| (Ad                     | dress)             | · · · · · · · · · · · · · · · · · · · |
| (Cit                    | ty/State/Zip/Phone | e #)                                  |
| ☐ PICK-UP               | WAIT               | MAIL                                  |
| (Bu                     | siness Entity Nan  | ne)                                   |
| (Do                     | curnent Number)    |                                       |
| Certified Copies        | _ Certificates     | of Status                             |
| Special Instructions to | Filing Officer:    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         | umils              |                                       |
|                         | <u> </u>           | )                                     |

Office Use Only





## **COVER LETTER**

| TO: Registration S Division of Co |                                              |                                                                     |                                                                                            |
|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT. K                        | OF DESIGNS L                                 | LC.                                                                 |                                                                                            |
| SUBJECT:                          |                                              | mited Liability Company                                             |                                                                                            |
|                                   |                                              |                                                                     |                                                                                            |
| The enclosed Articles o           | f Amendment and fee(s) are sul               | bmitted for filing.                                                 |                                                                                            |
| Please return all corresp         | ondence concerning this matte                | r to the following:                                                 |                                                                                            |
|                                   | ANGEL                                        | R. VALENCIA                                                         |                                                                                            |
|                                   |                                              | Name of Person                                                      |                                                                                            |
|                                   |                                              |                                                                     |                                                                                            |
|                                   |                                              | Firm/Company                                                        | <del></del>                                                                                |
|                                   | 307 NW /                                     | 1 ST AUE. APT. 2                                                    | 05                                                                                         |
|                                   |                                              | Address                                                             | <u> </u>                                                                                   |
|                                   | T-0+ 1 A 10=                                 | 20 DAIE - 222                                                       | 21                                                                                         |
|                                   | - FORT CAOUE                                 | City/State and Zip Code                                             | <u> </u>                                                                                   |
|                                   | ANGELRICAR                                   | LDO 81 @ NOT MAIL.                                                  | Com                                                                                        |
|                                   | E-mail address:                              | (to be used for future annual report not                            | fication)                                                                                  |
| For further information           | concerning this matter, please e             | call:                                                               |                                                                                            |
| ANGEL R.                          | JALFNCIA FERNAN                              | NDEZ 954                                                            | 7846                                                                                       |
| Name                              | of Person                                    | VDEZ at (954) 830 -<br>Area Code Daytim                             | e Telephone Number                                                                         |
|                                   |                                              |                                                                     |                                                                                            |
| Enclosed is a check for a         | the following amount:                        |                                                                     |                                                                                            |
| SS \$25.00 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) |
| Mailing Addre<br>Registration     |                                              | Street Address:                                                     | ction                                                                                      |
| Division of (                     |                                              | Registration Sec<br>Division of Cor                                 |                                                                                            |
| P.O. Box 632                      | 27                                           | The Centre of T                                                     | allahassee                                                                                 |
| Tallahassee                       | FI 32314                                     | 2415 N. Monro                                                       | e Street, Suite 810                                                                        |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|                                                                                                     | DESIGNS                 |                                       |                           |               |                     |
|-----------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------|---------------------------|---------------|---------------------|
| ( <u>Name of the Limited I</u><br>(A                                                                |                         |                                       | F                         | 1001          |                     |
| The Articles of Organization for this Limited Liabi                                                 | lity Company v          | vere filed on <u>05</u>               | 109120                    | and assig     | auedan.             |
| Florida document number <u>L24000217</u>                                                            | <u> 106</u> .           |                                       |                           | •             | ا<br>سهبید<br>ده فا |
| This amendment is submitted to amend the following                                                  | ng:                     |                                       |                           | PH 1:21       | · strate.           |
| A. If amending name, enter the new name of th                                                       | <u>e limited liabil</u> | ity company here:                     |                           | 21            |                     |
| N A  The new name must be distinguishable and contain the word                                      |                         |                                       |                           | <u>.</u>      | <del></del>         |
| The new name must be distinguishable and contain the word                                           | s "Limited Liabilit     |                                       |                           |               |                     |
| Enter new principal offices address, if applicabl                                                   | e:                      | 307 NO<br>ADT. ZC                     | N 1ST AL                  | IE            |                     |
| (Principal office address MUST BE A STREET A                                                        | (DDRESS)                | ADT. Z                                | 25                        |               |                     |
|                                                                                                     |                         | FORT LAW                              | DERDALE T                 | FL, 3330      | 1                   |
| Enter new mailing address, if applicable:                                                           |                         | <u>SAME</u>                           |                           |               |                     |
| (Mailing address MAY BE A POST OFFICE BO                                                            | <u>X)</u>               |                                       |                           |               |                     |
|                                                                                                     |                         |                                       |                           |               |                     |
| B. If amending the registered agent and/or regi<br>agent and/or the new registered office address h |                         | ddress on our reco                    | ds, <u>enter the na</u>   | me of the new | registered          |
| Name of New Registered Agent:                                                                       | ANGEL                   | R. VALENCE                            | A FERNA                   | 4NDEZ         |                     |
| New Registered Office Address:                                                                      | 307 NW                  | R. VALENCE  1°5T AUE  Enter Florida s | APT. 205<br>treet address |               |                     |
|                                                                                                     |                         | DERVALE<br>City                       |                           |               |                     |

## 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title       | <u>Name</u>             | Address     |                                              |              | Type of Action |
|-------------|-------------------------|-------------|----------------------------------------------|--------------|----------------|
| MGR         | ANGEL R. VALENCIA FERNA |             |                                              |              | <b>∑</b> lAdđ  |
|             |                         |             | APT. 205<br>T LAUDEN                         | DAKE FL, 355 | □ Remove       |
|             |                         |             |                                              |              | □Change        |
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|             |                         |             |                                              |              | □Change        |

| . If amend                          | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <u>M</u>                            | 4 I.D. CARD SHOWS MY (2) LAST NAMES, THIS IS                                                                              |
| <u>t</u>                            | HE ONLY REASON I AM MAKING THIS AMENDMENT.                                                                                |
|                                     | MY NAME SHOULD APPEAR AS: ANGEL A. VALENCIA FERNANDEZ                                                                     |
|                                     | OTHERWISE THE BANKS WON'T OPEN AN ACCOUNT FOR ME                                                                          |
| <u></u>                             | HANKS IN ADVANCE.                                                                                                         |
|                                     |                                                                                                                           |
|                                     |                                                                                                                           |
|                                     |                                                                                                                           |
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| <del></del>                         |                                                                                                                           |
|                                     |                                                                                                                           |
| (If an effecti<br><u>Note:</u> If t | date, if other than the date of filing:    N/A   (optional)                                                               |
| ne record spord is filed.           | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                               | JUNE 20 2024.                                                                                                             |
|                                     |                                                                                                                           |
|                                     | Signature of a member or authorized representative of a member                                                            |
|                                     | MAJEGEL A. DALENZOIA TERMANDEZ-                                                                                           |
|                                     | ANGEL R. VALENCIA FERNANDEZ                                                                                               |

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Filing Fee: \$25.00