L24000286482

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phoni	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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2024 AUG -9 AM 8: 31 SECRETARY OF STATE STALL AHASSEE, FL

Mr



July 17, 2024

GIANELYS PEREIRA 15801 NW 41 AVE MIAMI GARDENS, FL 33054

SUBJECT: INBUSINESSES DESIGNS LLC

Ref. Number: L24000286482

We have received your document for INBUSINESSES DESIGNS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been file and is being returned for the following correction(s):

Please date the last page.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call in (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

a/0/

Letter Number: 524A00015646

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Inbusinesses Designs LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gianelys Pereira
Inbusinesses Designs LLC
Inbusinesses Designs LLC Firm/Company 15801 NW 41 Ave Address Miami Gardens FL 33054 City/State and Zip Code inbusinesses @ vahoo. com
Miani Gardens FL 33054 City/State and Zip Code
inbusinesses @ vahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gianelys Pereira at 186 3065759 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		.	
(Name of the Limited Liability Compa (A Florida Limited L	my as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400028648</u> 2	were filed on $\frac{6 35 302}{}$.	and assigned	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company) (A Florida Limited Liability Company) es of Organization for this Limited Liability Company were filed on		
Name of the Limited Liability Company as it now anotars on our records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		TACO A	
Enter new mailing address, if applicable:		- 28 ≤ 1	
(Mailing address MAY BE A POST OFFICE BOX)	·	ms co	
		- F - W	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Friw Florida street address		
	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 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>Address</u> Type of Action Name. Gianelys Pereira 15801 41 Ave Wanilar WAND □Remove □ Change

		□Add
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If amending any other information, enter change(s) here: (Attach additional sheet	s, if necessary.)	
		
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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 more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) I days after filing.) Pursuant to 605.0 nents, this date will not be listed	207 (3)(b) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the care ord is filed.	lier of: (b) The 90th day after t	he
Dated August 9th, 2024.		
Signature of a member or Muthorized representative of a memb	oer	

Filing Fee: \$25.00