L24000128486

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2024 MOV 25 PH 1:57

COVER LETTER

TO:	Registration S Division of Co			
SUBJEC		IGN DISTRICT LLC		
SOBJEC	-1:	Name of Lin	nited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	tum all corresp	ondence concerning this matter	to the following:	
		SHAHZAIB MIR		
			Name of Person	
		Pirm/Company 9360 SW 171ST CT Address MIAMI, FL 33196 City/State and Zip Code mir.shahzaib01@outlook.com E-mail address: (to be used for future annual report notification) nformation concerning this matter, please call:		
	9360 SW 171ST CT Address			
			Address	
		MIAMI, FL 33196		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information	concerning this matter, please o	all:	
SHAHZ	AIB MIR			
	Name	of Person		ne Telephone Number
Enclos e d	is a check for t	the following amount:		
■ \$2 5.0	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		Street Address:	
	Registration Division of (Registration Se Division of Co	
	P.O. Box 632		The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 NOV 25 AM 11: 24

THE DESIGN DISTRICT 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 Compa	any were filed on 10/03/2024	and assigned
Florida document number L24000428486		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
Dezign Diztrict LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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, 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
			Change
			DAdd
			□Removc
			□ Change
			
			□Remove
			Change
			DAdd
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Tective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this blocked ment's effective date on the Dep	e specific and cannot be k does not meet the a	ipplicable statutory		tiling.) Pursuant to 605.020
record specifies a delayed effective of is filed.	late, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
NOVEMBER 21	. 2024			
	Charach	Mil		
	Thanzain	1 50 5		
<u></u>	gnature of a member o	r authorized represents	ntive of a member	

Filing Fee: \$25.00