

L15000033692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

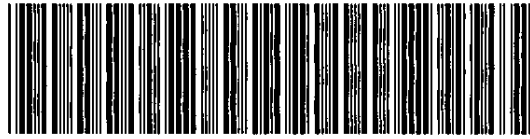
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
15 MAY 22 AM 8:51

MAY 22 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DESIGNER IN THE BAG BY JADEN LYNN DESIGNS 7 REMODELIN
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:

LINDA LOUISDOR

Name of Person

Firm/Company

12603 NW 17 AVE

Address

MIAMI FLORIDA 33167

City/State and Zip Code

jadenlynn designs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

LINDA LOUISDOR

305 9548805080
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- \$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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DESIGNER IN THE BAG BY JADEN LYNN DESIGNER & REMODELING FIRM, I

(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 FEBRUARY 23, 2015 and assigned Florida document number L15000033692.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JADEN LYNN DESIGNER & REMODELING FIRM, FEATURING DESIGNER IN THE BAG, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12603 NW 17 AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33167

Enter new mailing address, if applicable:

11010 PEACHTREE DRIVE, NE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33161

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:

LINDA LOUISDOR

New Registered Office Address:

11010 PEACHTREE DRIVE, NE

Enter Florida street address

MIAMI

City

Florida 33161

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

Page 1 of 3

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FEBRUARY 23 2015
8:51
TALLAHASSEE
FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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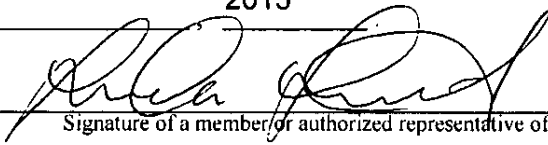
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 25 2015



Signature of a member or authorized representative of a member

LINDA LOUISDOR

Typed or printed name of signee

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