121000448586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800375502018

10/25/21--01007--030 **25.00



Jul 25 1 i f 6: 10

O STANDOTAS NOV 0 2 2021

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee. FL 32314

ision of Cor	porations	,	
		•	
	Name of Lim	ited Liability Company	
L Amelia Langue	Non-redescript foots on a sub-	min of Confilms	
Arucies of	Amenument and fee(s) are sub	mitted for tiling.	
all correspo	indence concerning this matter	to the following:	
	Ekaterina Jackson		
		Name of Person	
	Arts of Interior, LLC		
		Firm/Company	
	514 Pershing Ct.		
		Address	···
	Barrington, IL 60010		
		City/State and Zip Code	
			fication)
iformation e	oncerning this matter, please co	all;	
On		727 310-7400	
Name o	f Person	Area Code Daytim	e Telephone Number
check for th	ne following amount:		
	_	FI SEE OO FILL - T G	D example r
andig ree	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
	Articles of all corresponding Address gistration 5	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter Ekaterina Jackson Arts of Interior, LLC 514 Pershing Ct. Barrington, IL 60010 katya.jackson@artsofinterio E-mail address: to formation concerning this matter, please con Name of Person check for the following amount: Effing Fee \$30.00 Filing Fee & Certificate of Status	Arts of Interior, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filling. all correspondence concerning this matter to the following: Ekaterina Jackson Name of Person Arts of Interior, LLC Firm/Company 514 Pershing Ct. Address Barrington, IL 60010 City/State and Zip Code katya.jackson@artsofinterior.com E-mail address: (to be used for future annual report notinformation concerning this matter, please call: Marca Code Name of Person Area Code Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Estration Section Registration Se

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arts of Interior LLC		1921 CJ. 25	2.1 6: 10
(Name of the Limited Lia	bility Company as it now appears or rida Limited Liability Company)		
(ATIV	rida Emilica Elability Company)		ţ. Ļ
The Articles of Organization for this Limited Liability	y Company were filed on 1014	/2021	and assigned
Florida document number L21000448586	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the desi	ignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRFSS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our rec <u>e</u> :	ords, <u>enter the 1</u>	name of the new registere
Name of New Registered Agent:	4.0-		
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	•
_	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>	Name	Address	Type of Action
MGR	Katya Jackson	514 Pershing Ct	□Add
		Barrington, IL 60010	■Remove
			☐ Change
MGR Ekaterina Jackson	Ekaterina Jackson	514 Pershing Ct	\equiv Add
		Barrington, IL 60010	□Remove
			□Add
			□Remove
			Change
			
-			Remove
	-		Change
			DAdd
			□Remove
		Change	
			□Add
			Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
F 497 - 443	
(If an effe <u>Note:</u>	the date, if other than the date of filing:
ord is file	
Dated_	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ekalerina Jackson Typed or printed name of signee