## 106000081447

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

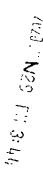
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## **COVER LETTER**

TO: Registration Section

porations		
TERIORS LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
KELLY CANADA		
<del> </del>	Name of Person	
ABODE INTERIORS LLC	3	
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
1653 LOWER 4TH AVEN	NUE NORTH	
	Address	
JACKSONVILLE BEACH	H, FL 32250	
	City/State and Zip Code	
	·	uncation)
oncerning this matter, please c	ан.	
	904 2344937 at ()	
f Person	Area Code Daytii	me Telephone Number
ne following amount:		
■ \$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)
	Street Address: Registration Se	ection
Corporations	Division of Co	orporations
	The Centre of	
	Amendment and fee(s) are substandence concerning this matter  KELLY CANADA  ABODE INTERIORS LLC  1653 LOWER 4TH AVEN  JACKSONVILLE BEACH  KELLYCANADAINTERIOR  E-mail address: (concerning this matter, please concerning this matter, please conference on the following amount:	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:    KELLY CANADA

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABODE INTERIORS LLC

7020 2 1029 FX 3:44

(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 Florida document number L06000081447	Liability Company	were filed on FEBR	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here	:
KELLY CANADA DESIGNS LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	1653 LOWER 4TH	I AVENUE NORTH
(Principal office address MUST BE A STRE		JACKSONVILLE	BEACH, FL 32250
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address	registered office		BEACH, FL 32250
	VULL V CANA	.DA	
Name of New Registered Agent:	KELLY CANA	TDA	
New Registered Office Address:	3948 3RD STR	EET SOUTH	
		Enter Florida	street address
	JACKSONVIL	LE BEACH	, Florida 32250
		City	Zip Code

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 = M $AMBR = A$	lanager authorized Member	$\rho_{k}$	
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			□Remove
	•		
	<u> </u>	<del></del>	□Add
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