# 107000093819

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JUL 2 9 2019

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: 5	Mi Interior Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Donna	A berman Name of Person	
	Sami	Interiors LI	LC
	1031	Sw 91 A. Address	ve
	Planta + ri E-mail address: (a	City/State and Zip Code  QGET da a  o be used for future annual report notif	33334 ao 1, com ication)
For further information co	ncerning this matter, please ca	11:	
Name of	Aberman		7-5126 Telephone Number
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Com		
	(A Florida Limited Liability Con	npany)	
The Articles of Organization for this Limited Li	ability Company were filed	on 9/13/2001	and assigned
Florida document number <u>L07000</u>	93819	, ,	
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company	y," the designation "LLC" or the	
Enter new principal offices address, if applica	able:		200 B
(Principal office address MUST BE A STREE	T ADDRESS)		
			N N ==
			3 3
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		. [3
B. If amending the registered agent and/or the new registered of		ess on our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:	Donna A	berman	<del></del>
New Registered Office Address:	1631 SIN (	GIAUL ster Florida street address	<del></del>
	Plantatio	), Florida	33314 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGPM	Angela Bordon	9001 5W 55th St	
	7	9021 5W 55th St COODDOT City Fl 3330	S □ Remove
			Change
MGR	Cory Aberman	1031 SW 91 Ave	
		Plantation FL3333	Remove
			Change
			🖸 Add
			□ Remove
			☐ Change
<del></del>			🗀 Add
			Remove
			Change
<del></del>			
			Pemove
			Change
			Remove
			Change

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:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Tuly 15,2019.  Down Alexan  Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Dans Aberman Typed or printed name of signee

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Filing Fee: \$25.00