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O8 AUG -4 AM 8:58 SECRETARY OF STATE TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Se Division of Cor					
CHIDADOT I	D D : 110		-		
SUBJECT: Interior Si	naces <u>By Design, LLC</u> (Name of Limi	ited Liability Company)	<u> </u>		
	()	···-			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Randy R. Freedman, Esc	q.			
		(Name of Person)			
FREEDMAN & McCLOSKY, P.A.					
		(Firm/Company)			
	One East Broward Boulevard, Suite 700				
		(Address)			
Fort Lauderdale, FL 33301					
		(City/State and Zip Code)			
For further information co	oncerning this matter, please ca	all:			
Randy R. Freedman, E.	sq.	at (954) 764-3800			
(Name of Person)		(Area Code & Daytime Telephone Number)			
Enclosed is a check for th	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

Interior Spaces By Design LLC.	+
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on 07/24/2008 and assigned
Florida document number <u>I 08000071555.</u>	0
	۳
This amendment is submitted to amend the following	
A. If amending name, enter the new name of th	e limited liability company here:
Interiorspaces By Design, LLC	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
Name of New Registered Agent:	registered office address on our records, enter the name of the new e address here:
New Registered Office Address:	(Enter Florida street address)
	Florida Som of the control of the co
-	(City)
New Registered Agent's Signature, if changing Reg	istered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			= ~
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Remove
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if neces.	sary.)
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	74 31 . 200		O8 AUG
Dated	Roud 7 Feeder	or authorized representative of a member	ARY OF
	Randy R. Freedman, Es	-	8: 58 SIAIE ORIBIN

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Filing Fee: \$25.00