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EXAMINEN

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Tiffony Woolley Interior Design LCC Name of Limited Mability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Scott Woolley Name of Person			
Scott Woolley  Name of Person  Tiffary Woolley InTeriors (CC  Firm/Company			
6001 Park of Commerce Blud			
Bora Roton FC 33487  City/State and Zip Code  Sw E USTAT (Om)  E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Soft bolley at (561) 279-7827 ext 301 in Area Code & Daytime Telephone Number co			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status    \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   \$60.00 Filing Fee, 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

Tiffory Woolley_	Interior Wes	in LLC
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our red Liability Company)	ecorus.
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number <u>LO 90000 9355</u> 8	8	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "L	InTeriois	LLC
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	22 8 000
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		Cold Contract
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		ds, enter the name of the new
religion on all mindres the new religion of the numbers i	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	······································	Florida
	Citv	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 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 = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Baibora Gordon ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Oct 29 , 2009. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00