L11000016272

(Re	questor's Name)	1919 1
- (Ada	dress)	<u></u>
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
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AND A DECEMBER OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor				
crib it		eriors, LLC			
SUBJECT: Name of Limited Liability Company					
		Amendment and fee(s) are sub	-		
Please	return all correspo	ndence concerning this matter	to the following:		
		Dawn C. Wien			
			Name of Person	 	
		Vienna Solutions, LLC			
			Firm/Company		
		1448 Corinthian Ave.			
			Address	· ···	
		Deltona, FL 32725			
			City/State and Zip Code		
		dcwien@cfl.rr.com E-mail address: (to be used for future annual report noti	fication)	
For fur	ther information c	oncerning this matter, please co	·		
Dawn	C. Wien		386 871-4818		
	Name o	f Person		e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$23	5.00 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

Vienna Interiors, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
he Articles of Organization for this Limited Liability Com	pany were filed on 02/07/2011	and assigned
lorida document number L11000016272		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	ك
/ienna Solutions, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" onth	crabb colation "L.L.Co
Inter new principal offices address, if applicable:		CAR THE
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
		Fig. 20
		di di
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u>, </u>
3. If amending the registered agent and/or registered		ter the name of the
egistered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Wien	1448 Corinthian Ave	Add
		Deltona, FL 32725	Remove
			Remove
			Change
			SE SR Add
			THANSSEE THE RESPONSE
			FIRETARY OF STATE LAHASSEE, FLORIDA
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

Doing Business As: Dawn C. Wien, CBHCM	
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	ET P
	ORITORNIA
	
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ctive date, if other than the date of filing:	(optional) of be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the	he applicable statutory filing requirements, this date will not be listed
iment's effective date on the Department of State's	s records.
ne 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlie
Haras C	ZO18 .
	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00