U11000083399

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SEP - 6 2011

EXAMINER

COVER LETTER

	ation Section n of Corporations				
SUBJECT:	Kristen Miller	Designs, LLC			
		Liability Company			
The enclosed Art	icles of Amendment and fee(s) are submit	ted for filing.			
Please return all	correspondence concerning this matter to t	he following:			
		Kristen Miller			
		Name of Person			
	Kristen	Miller Interiors, LLC			
		Firm/Company	· · ·		
	120	6 Via Santa Cruz			
		Address		್ಕು ≥	
				ANI SEP -2	4344
		ter, Florida 33458 ity/State and Zip Code			ندين ويون
	1918httpscor a many	Fallsansson Pr. 245	64	× × ×	Ì
	District of Control of the Benefit address: (to be	r1@TBCCORP.comus used for future annual report notifical	tion)		1
For further inforn	nation concerning this matter, please call:	a El Marin Carlos	¹ te ¹ e	ME 101 54 OF STATE E. FLORIDA	*
			,	DF 5	
	Kristen Miller Name of Person	at (<u>GW</u>) <u>352</u> 90 Area Code & Daytime T	7/		
	Name of Feison	Area Code & Daytime 1	erephone Number		
		¥3		,	
, ,	ck for the following amount:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	; ;	•	
\$25.00 Filing	Fee \$\sum \subseteq \subseteq \subseteq \subseteq \subseteq \subseteq \text{Status}\$ Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
		^	,		
	MAILING ADDRESS: Registration Section on the highest and provided by the highest and the highest angle of the hight angle of the highes	Tallahassee, FL 3230	ons er Eircle		
	पुत्रामुह	2, 2008 2, 20, 566 Stant and Mit Chale	MARIN MI MIN WA		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kristen Mille	r Designs, LLO	O are on our records		
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa	any were filed on	July, 20. 2011	and assig	gned
Florida document number <u>L11000083399</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company he	ere:		
	Interiors, LLC			
The new name must be distinguishable and end with the words "L 'L.L.C."	limited Liability Com	pany," the designation		breviation
E.D.C.			SE LEGIS	
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2		ASS	- Comments
			2 SEE	m
			P 2	
Enter new mailing address, if applicable:			F STATE	
(Mailing address MAY BE A POST OFFICE BOX)				
Muung uuuress MAT BE A FOST OFFICE BOAJ		h- V/-		
B. If amending the registered agent and/or registered	office address on	our records enter	the name of	the new
o. It amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, enter	the name of	the new
Name of New Registered Agent:				
Name of New Registered Agent:		*		
New Registered Office Address:				
	E	nter Florida street ad	ldress	
		, Florida		
	City	,	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
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			Add ☐ Remove
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	<u> </u>		Remove
			Add
			Remove
			
f ameno	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	ry.)
		•	
_			
d	August 29	2011 .	
d	August 29		
d	Kalli	mber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00