

L12000019508

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DIVISION OF CORPORATIONS
13 MAY 21 PM 1:05

MAY 22 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ideal Interiors Orlando, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Collao

Name of Person

Firm/Company

13428 Heron Cove Dr.

Address

Orlando, FL 32837

City/State and Zip Code

idealinteriorsorlando@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Collao

Name of Person

407 697-9006

at () Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

Ideal Interiors Orlando, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/9/2012 and assigned
Florida document number L12000019508

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13428 Heron Cove Drive

Orlando, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13428 Heron Cove Drive

Orlando, FL 32837

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

13428 Heron Cove Drive

Enter Florida street address

Orlando

City

Florida 32837

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:

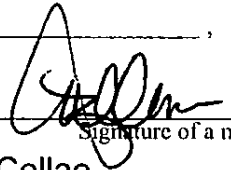
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cynthia Collao	2729 Stone Oak Dr	<input type="checkbox"/> Add
		Orlando, FL 32837	<input checked="" type="checkbox"/> Remove
MGR	Cynthia Collao	13428 Heron Cove Dr.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
MGRM	Mark Lainchbury	2729 Stone Oak Dr.	<input type="checkbox"/> Add
		Orlando, FL 32837	<input checked="" type="checkbox"/> Remove
MGRM	Mark Lainchbury	13428 Heron Cove Dr.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 16, 2013



Signature of a member or authorized representative of a member

Cynthia Collao

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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