L13000160506

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COVER LETTER

TO:	Registration Section
	Division of Cornorations

SUBJECT: LAURA'S INTERIORS, 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:

KENNETH R CHIANESE

Name of Person

LAURA'S INTERIORS, LLC

Firm/Company

11369 PICKFORD ST

Address

SPRING HILL, FL 34609

City/State and Zip Code

WARRENSTAX@BELLSOUTH.NET

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

For further information concerning this matter, please call:

KENNETH R CHIANESE

352, 279-5099

Name of Person

Area Cade

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

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)			
the Articles of Organization for this Limited Liability Company were filed on 11/15/2013 and assigned orida document number L13000160506				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liability company here:				
he new name must be distinguishable and end with the words "Limited Liability Company," the desi	continue of LC" or the abbrariation of LC"			
Enter new principal offices address, if applicable:	gnation LLC of the abbreviation L.L.C.			
Principal office address MUST BE A STREET ADDRESS)				
	20 T			
Inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	10 mg			
B. If amending the registered agent and/or registered office address on ou egistered agent and/or the new registered office address here:	ur records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida	street address			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	ROLAND CHIANESE	8207 NORMANDY DR
		WEEKI WACHEE, FL 34613
		Add
		Remove
		25 P
		ි දින් ක්රීම් දය Remove
		Remove
		Remove
		Add
		Remove

). If amending any other in	ıformation, enter	change(s) here: (Attack	h additional sheets, if necessary	v.)
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		08/22/2014		
. Effective date, if other the	ian the date of fili	date of receipt or filed date and	d cannot be more than 90 days after	
the date this document is filed	by the Florida Departn	ment of State)		
Dated AUGUST 2	2	_, 2014		
1/2/	RI6	1		
	=	a member or authorized repre	sentative of a member	
KENNET	H CHIANE			
•		Typed or printed name of	signee	
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Page 3 of 3

Filing Fee: \$25.00