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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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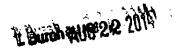
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	L INTERIURS Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Susan J	Geigen EA	
	Seminale	Accorn fants	Inc
	99965	eminale Blud	
	Seminole	FV 33772 City/State and Zip Code	
-		City/State and Zip Code SECULESCO o be used for future annual report no	otification)
For further information conc	erning this matter, please ca	11:	
SUSAN J. Name of Pe	CE IGE IL	at (<u>727)</u> 39: Area Code Dayti	2-2/20 me Telephone Number
Enclosed is a check for the f	ollowing 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



July 21, 2014

SUSAN J GEIGER, EA 9996 SEMINOLE BLVD SEMINOLE, FL 33772

SUBJECT: S & L INTERIORS, LLC

Ref. Number: L14000092956

We have received your document for S & L INTERIORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 814A00015618



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2014

SUSAN J GEIGER, EA 9996 SEMINOLE BLVD SEMINOLE, FL 33772

SUBJECT: S & L INTERIORS, LLC

Ref. Number: L14000092956

We have received your document for S & L INTERIORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 814A00015618

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOL INTERIO			
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our ed Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compa Florida document numberL 14000092956	ny were filed on	0/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		-
		₩ _C	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designat	ion "LLC" or the abbre	iation "L.L.C."
Enter new principal offices address, if applicable:		H.	\$ 1
(Principal office address MUST BE A STREET ADDRESS)		SSS	7
		<u> </u>	3 1
Enter new mailing address, if applicable:		STATE L'ORING	% D
(Mailing address MAY BE A POST OFFICE BOX)	- · · · · · -		_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our r ere:	records, enter the	name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	1 address	
	Line 1 wat sire		
	City	, Florida 	p 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 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 = Manager

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Louis J. FRIGON	10097 Commodore Dr Seminule, FL 33776	🗆 Add
		Seminule, FL 33776	Remove
			
		 	□ Remove
			S Permove
			ORIGA
			Add
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date, if other	than the date	of filing:		(4	optional)
ve date must be sp	ecific, cannot be p	rior to date of receipt o	r filed date and car	nnot be more than 90 c	days after
		cpartition of state)			
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	nis document is file	nis document is filed by the Florida D	nis document is filed by the Florida Department of State)	nis document is filed by the Florida Department of State)	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 and discount is filed by the Florida Department of State) 3014.

Page 3 of 3

Filing Fee: \$25.00

