Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H170001510173)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 : (407)897-5336 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW ZION INTERIOR DESIGN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 0 7 2017

Y SULKER

 f_{i}

HI7000151017 3 COVER LETTER

TO:	Registration Se Division of Con						
en e i	ECT.	NEW ZION I	NTERIOR DESIGN, LLC				
SUBJ	ECI:	Name of Lim	nited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Picase	return all correspo	ondence concerning this matter	to the following:				
			MARIANA SOUZA				
			Name of Person				
		ACC	COUNT BOOKKEEPING CORP				
Firm/Company							
			5301 CONROY RD STE 140				
		Address					
			ORLANDO, FL 32811				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
			USTOMER@ABKCORP.COM				
		E-mail address: (to be used for future annual report notif	ication)			
For fu	rther information o	oncoming this matter, please c	all:				
	MARIANA :	SOUZA	407 898-1757				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclos	sed is a check for ti	ne following amount:					
≅ \$ 2	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

H17000151017 3

From Account Bookkeeping 1.321.888.4914 Mon Jun 5 15:27:00 2017 MDT Page 3 of 5 H17-00015101+ 3

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

NEW ZION	INTERIOR DESIGN, I	LC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appearanced Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	08/25/2014	and assigned
Florida document numberL14000133036	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
MONICA GARCIA INTERIORS, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
• • •		 	
(Principal office address MUST BE A STREET ADDRES	<u>sy</u>	· · · · · · · · · · · · · · · · · · ·	
			75
			T 7
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			AS Z
	<u> </u>		S & Di
B. If amending the registered agent and/or registere	ed office address on	our records, en	ter Afe name of the n
registered agent and/or the new registered office address	here:	, =	75 ≥
	i digar		OA CO
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		. Florida	:
	City	, 2.0110.	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 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

Page 1 of 3 H17000 1510 17 3

From Account Bookkeeping 1.321.888.4914 Mon Jun 5 15:27:00 2017 MDT Page 4 of 5 HI +000151017 3 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

MGR = Ms $AMBR = At$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
		<u> </u>	☐ Change
			□ Add
			Remove
			ASS Change
			REMOVE
			□ Change
			Add
			□ Remove
		, t	☐ Change
			□ Add
			□ Remove
			☐ Change

From Account Bookkeeping 1.321.888.4914 Mon Jun 5 15:27:00 2017 MDT Page 5 of 5

							
		······································					
				3,2			
·				,			
						<u> </u>	··
 .							
							· —
					,		
			·	***************************************			
						100	.4
•		***************************************		<u> </u>		A ST	=======================================
· · · · · · · · · · · · · · · · · · ·		····				<u>×</u>	4
 -			·			7 S	B (
-			· · · · · · · · · · · · · · · · · · ·	<u> </u>		8 F	
Effective o	date, if other than the dat	e of filing:		desir e And	(optio	nal)	G
If an effective <u>Note:</u> If th	e date is listed, the date must be the date inserted in this block is effective date on the Depar	specific and cenno does not meet ti	he applicable st	of filing or more t stutory filing rec	han 90 days after	filing.) Pursuar	nt to 605.020 be listed as
he record The 90t	specifies a delayed ef th day after the record	fective date, Is filed.	but not an e	ffective time	e, at 12:01 a	.m. on the	earlier o
Dated	JUNE 05	20	017				
	***************************************	··· د ·······	1201				
	Sign	nature of a morning	or authorized re	presentative of a	member	····· •,• •,·	
		•	LVARO GAR				

Page 3 of 3 H17 000 1510 17 3