

L15000158774

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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K. SALY

OCT -7 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Interior Design Ingenuity, 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:

Susan E. Devlin

Name of Person

Devlin Design Interiors, LLC

Firm/Company

8240 Lakewood Ranch Blvd.

Apt. 1-414

Address

Lakewood Ranch, Florida, 34202

City/State and Zip Code

sdevlinddi@gmail.com

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

For further information concerning this matter, please call:

Susan E. Devlin

616

393-6488

at (_____) _____

Name of Person

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

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA
and assigned

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

This amendment is submitted to amend the following:

Devlin Design Interiors, LLC

Enter new principal offices address, if applicable:

No change to address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

No change

New Registered Office Address:

No change

Enter Florida street address

_____, Florida _____
City Zip Code

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.

Page 1 of 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	No Change Mia Cunningham Interior Designer	115 Red Fox Ct. Unit 103 Bradenton, Florida	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The only change is the business name. Formerly, Interior Design Ingenuity, LLC. Changed to new business

name of: Devlin Design Interiors, LCC.

Remove, Mia Cunningham from
"Authorize Person to Manage"

Thank you.

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CLERK OF SUPERIOR COURT
MASSACHUSETTS

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

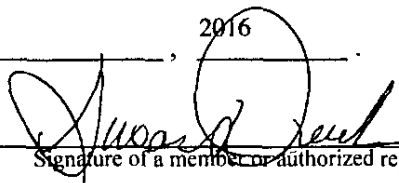
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 25

2016



Signature of a member or authorized representative of a member

Susan Devlin

Typed or printed name of signee