

L160000 11365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

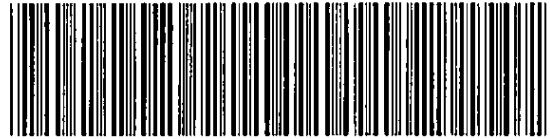
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 NOV - 7 PM 3:44

CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2024

JONATHAN BLOOM, ESQ.  
2295 NW CORPORATE BLVD., SUITE 117  
BOCA RATON, FL 33431

SUBJECT: ZELMAN STYLE INTERIORS LLC  
Ref. Number: L12000032204

We have received your document for ZELMAN STYLE 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 LLC must be active to file an amendment. You can file a member dissociation to remove the AMBR.

We are enclosing the proper form(s) with instructions for your convenience.

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

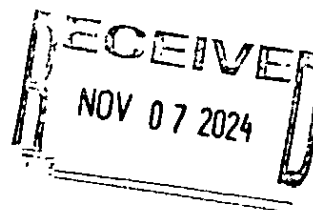
If you have any questions concerning the filing of your document, please call (850) 245-6050.

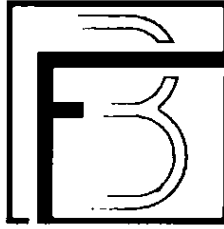
Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 524A00023657

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DIVISION OF STATE  
TALLAHASSEE, FL

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## BLOOM & FREELING

ATTORNEYS AT LAW

November 6, 2024

**VIA OVERNIGHT DELIVERY**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Re: *Zelman Style Interiors***  
**Document Number: L12000032204**

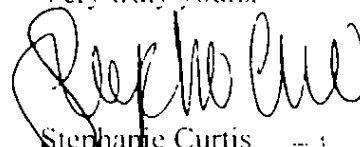
To whom it may concern:

Please be advised that our original amendment request had the incorrect document number on the amendment. As such, your office returned the enclosed letter to our office, however, you retained the \$25.00 check representing payment for the amendment.

We are enclosing the amendment with the correct document number along with a copy of your letter regarding same. Please apply the \$25.00 you have towards this amendment for the correct entity.

Thank you in advance for your attention to this matter.

Very truly yours,

  
Stephanie Curtis  
Paralegal

JJB/sc  
Enc.

**FILED**  
2024 NOV -7 PM 3:44  
DIVISION OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZELMAN STYLE 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:

Jonathan Bloom, Esq.

Name of Person

Bloom & Freeling

Firm/Company

2295 NW Corporate Blvd., Suite 117

Address

Boca Raton, FL 33431

City/State and Zip Code

jbloom@bloom-freeling.com

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

For further information concerning this matter, please call:

Jonathan Bloom, Esq.

561 864-0000  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 NOV -7 PM 3:44  
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ZELMAN STYLE INTERIORS, 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 January 6, 2016 and assigned  
Florida document number L16000011365.

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 contain 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Enter Florida street address

Florida

City

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**

**FILED**  
2024 MAY -7 PM 3:44  
SEC. OF STATE  
TALLAHASSEE, FL

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2024 NOV - 7  
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2024 NOV - 7 PM 3:14  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL  
na  
filing Pursuant to 605.020  
date will not be listed as

**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.

Dated October 8, 2024

Typed or printed name of signee