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TALLAHASSEE FLORIDA

13/9/17

COVER LETTER

Division of Corporations
SUBJECT: GULF to BAY PREMIER INTERIOR STAGING AND REDESIGN ILL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MILENA MATTELY Name of Person
GUFTO BAY PREMIER INTERIOR STABING AND REDESIGN, LLC Firm/Company 7219 Central Ave Address St. Petersburg FL 33710 CityMate and Zip Code MILENA. MATERY @ 9 mail. com E-mail address: (to be user for filture annual report notification)
For further information concerning this matter, please call:
MILENA MATEEV at (813) 453-2464 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

6ULF TO BAY PREMIER INTERIOR STABING AND REPESION, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Ellinica	Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000029493.	were filed on FeB 11, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
GULF to BAY Premier INTE	RIORS, LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7219 Central Ave St Peters bury FC 35710
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	7219 Central Ave St Petersburg, FC 33710
 B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her 	ffice address on our records, enter the name of the new
Name of New Registered Agent:	CRE IA
New Registered Office Address:	Enter Florida street address Florida Florida
New Registered Agent's Signature, if changing Registered Agent:	Ciry D Zap Code
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with the

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if o	ther than the	date of filin	g:		(optional)		
Effective date, if of (If an effective date is listed to the interpretate in the date in t	sted, the date mu	st be specific and	d cannot be prior	to date of filing o	more than 90 days	safter filing.) Pursuant to 6	io5.0207 (
document's effective					ing requirement	s, this date	will field be fi	Siçu as i
the record specifi				t an effective	e time, at 12:	01 a.m.	on the ear	lier of:
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Filing Fee: \$25.00