

L160000 29578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

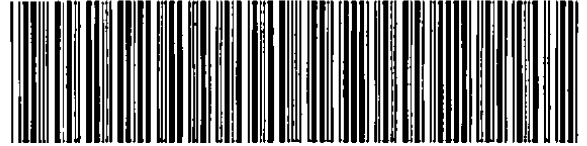
(Business Entity Name)

(Document Number)

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2019 JUL 18 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SAMANTHA KAY 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:

SAMANTHA KOTLIK

Name of Person

SAMANTHA KAY INTERIORS LLC

Firm/Company

3520 MINEOLA DRIVE

Address

City/State and Zip Code

SARASOTA, 34239, FL

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

For further information concerning this matter, please call:

SAMANTHA KOTLIK

941 447 2175

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

JUL 18 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SAMANTHA KAY 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 02/11/2016 and assigned 02/11/2016
Florida document number L16000029578

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)

3520 MINEOLA DRIVE

SARASOTA

FL, 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3520 MINEOLA DRIVE

SARASOTA

FL 34239

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAMANTHA LOUISE KOTLIK

New Registered Office Address:

3520 MINEOLA DRIVE,

Enter Florida street address

SARASOTA

City

Florida 34239

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

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	SAMANTHA LOUISE NICHOLSON	3520 MINEOLA DRIVE, SARASOTA, 34239	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMANTHA LOUISE NICHOLSON	3520 MINEOLA DRIVE, SARASOTA, 34239	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMANTHA LOUISE KOTLIK	3520 MINEOLA DRIVE, SARASOTA, 34239	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMANTHA LOUISE KOTLIK	3520 MINEOLA DRIVE, SARASOTA, 34239	<input checked="" type="checkbox"/> Add
			<input 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

I AM SIMPLY WISHING TO CHANGE MY LAST NAME ON MY BUSINESS REGISTRATION

I WISH TO NOW USE MY LEGAL MARRIED NAME OF SAMANTHA LOUISE KOTLIK IN PLACE
OF MY MAIDEN NAME OF SAMANTHA LOUISE NICHOLSON

JUNE 26 2019

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

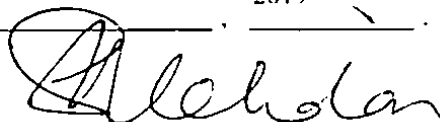
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

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 JUNE 26TH 2019



Signature of a member or authorized representative of a member

SAMANTHA LOUISE KOTLIK

Typed or printed name of signee