LIC 000058919

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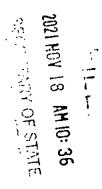
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A. **RIVE**RS DEC - 6 2021



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COVER LETTER

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SUBJECT: Libby O'Br	ien Interior Designs LLC		, , , , , , , , , , , , , , , , , , ,
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Robert J. Kueppers		
	-	Name of Person	
	Member, Libby O'Brien In	teriors LLC	
		Firm/Company	
	1435 Cedar Bay Lane		
		Address	
	Sarasota FL 34231		
		City/State and Zip Code	
	rjkueppers@gmail.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Robert J. Kueppers		203 856-4457 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
England in wheelefterd	on Call and a manager		
Enclosed is a check for the	-	_	_
S25.00 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 Addres	ss:	Street Address:	
Registration S		Registration Sec	
Division of Cornorations		Division of Cor	norations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Libby O'Brien Interior Designs 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 ______ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Libby O'Brien Interiors LLC 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 City

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.

New Registered Agent's Signature, if changing 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>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
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Signature of a member or authorized representative of a member	November 5	,	2021	_ •			
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Filing Fee: \$25.00