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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
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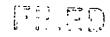
TO: Registration So Division of Co			
SUBJECT: (Y)L	3 Interior Design	LEC ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melissa Br	Name of Person	· · · · · · · · · · · · · · · · · · ·
	MLB Interior	Firm/Company	
	IDI (ourtry	Club Daise Address	
	NoAh Pale	n Beach, Fi. 33408 City/State and Zip Code	
	Mlbdesig E-mail address:	ntic Ogmail. com	fication)
For further information of	oncerning this matter, please ca	ail:	
Melissa Name o	Bris-tow f Person	at (<u>501</u>) <u>339-55</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)

TO:

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

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



MLB Interior	Design LLC		2021 FC	B 16 PH 4:00
MLB Interior (Name of the Limite	d Liability Company as A Florida Limited Liabil	it now appear ity Company)	rs on our records.)	TIMY OF STATE
	1315 C	. 61-4	T.L!	and assigned
The Articles of Organization for this Limited Lia		e filed on	3(128)10	and assigned
Florida document number	<u> </u>			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company he	ere:	
Melissa Bristow Inter	ords "Limited Liability C	ompany." the d	lesignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	NIA		
(Principal office address MUST BE A STREET	(ADDRESS)			
	_			
Enter new mailing address, if applicable:	_	NIA		
(Mailing address MAY BE A POST OFFICE E	<u></u>			
B. If amending the registered agent and/or re agent and/or the new registered office address	r.	ess on our r	ecords, <u>enter the r</u>	name of the new registe
Name of New Registered Agent:	N LA			
New Registered Office Address:	NIA			
		Enter Flor	rida street address	
			, Florida	·
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	r and complete per	formance of	my duties, and La	ım familiar with and

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 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
NIA	NIA	NIA	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
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			□Add
		□Remove	
			□Change
			□Add
			□ Remove
			□Change

ffective	date, if other than the date of filing:	0207
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste 's effective date on the Department of State's records.	ed as i
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	February 10 - Dian .	
	17 Lilius 21 A Attail Signature of a member or authorized representative of a member	
	Typed or printed name of signee	