L17000014903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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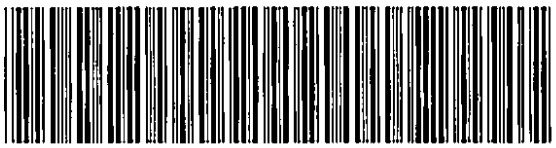

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. SIMMONS
JUL 06 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

2018 JUL -5 PM 12:15

JAMIE BLUMENTHAL
701 S HOWARD AVE, STE 106-434
TAMPA, FL 33606

SUBJECT: JBIS, LLC
Ref. Number: L17000014903

We have received your document for JBIS, 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 name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00012854

Thank you
Please
Blumenthal Digns
LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBIS- Jamie Blumenthal Interior Style
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:

Jamie Blumenthal
Name of Person

Blumenthal Designs
Firm/Company

701 S Howard Ave Suite 106-434
Address

Tampa Florida 33606
City/State and Zip Code

jblumenthaldesigns@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Blumenthal at (813) 760-6550
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JBIS 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 01/19/2017 and assigned Florida document number L17000014903.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Blumenthal Designs LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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TALLAHASSEE, FLORIDA

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

701 S Howard Avenue
Suite 106-434
Tampa, FL 33606

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

701 S Howard Avenue
Suite 106-434
Tampa, FL 33606

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

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
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		______________	☐ Change
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		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 6/12/2018 **(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)(b)

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 6/12 . 2018 .

Signature of a member or authorized representative of a member

Jamie Blumenthal

Typed or printed name of signee

Filing Fee: $25.00