

**L17000075721**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

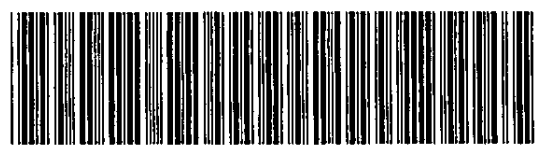
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
**17 SEP 25 PM 3:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**S. WARREN**  
**SEP 25 2017**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Take my name off this Company. I never became a partner: Uniquely Yours Coastal 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:

Gail Sims

Name of Person

Uniquely Yours Coastal Interiors, LLC

Firm/Company

Mailing: P.O. Box 27484 Panama City Beach, FL 32411 (316 Wahoo Rd.)

Address

Panama City Beach, FL 32411 (Please send to P.O. Box as listed)

City/State and Zip Code

gailsims@comcast.net

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

For further information concerning this matter, please call:

*Please email me to confirm that my name HAS BEEN REMOVED from this company.*

Gail Sims

678 283-2686  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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

*This is my home address (Gail Sims)*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

for your information

Uniquely Yours Coastal Interiors, LLC

Uniquely Yours Coastal 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 April 4, 2017 and assigned Florida document number L17000075721

This amendment is submitted to amend the following:

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

Uniquely Yours Coastal 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:

SAME

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(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:

same as stated in filing - Robin Church Greene

New Registered Office Address:

same as in filing

*Enter Florida street address*

Panama City Beach,

Florida

*City*

*Zip Code*

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**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.*

N/A

**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>
AMBR	Gail Sims	<i>Mailing Address</i> P.O. Box 27484	<input type="checkbox"/> Add
		<i>Street Address</i> 316 Wahoo Rd. Panama City Beach	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: I never joined this company (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 9-21-17. I apologize for not taking my name off sooner. I never worked for uniquely yours database, LLC. Signature of Gail Sims.

Gail Sims

Typed or printed name of signer

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