Page 2 of 6 To:



15128571031 From: Sarah Perales Page 1 of 2

Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

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Phone

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DFC INTERIOR DESIGNS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

D. SCOTT Help DEC 5 2017

## **COVER LETTER**

Division of Cor			
DFC INT	ERIOR DESIGNS, LLC		
SUBJECT.	Name of Limited Liability	Сотрапу	
	Amendment and fee(s) are submitted for fi	_	
Please return all correspo	endence concerning this matter to the follow	wing:	
	Cheyenne Moseley		
	Name	of Person	
	Legalzoom.com, Inc.		
	Firm/	Сотрану	<del></del>
	101 N. Brand Blvd., 11th Floor		
	Ac	ddress	
	Glendale, CA 91203		
	City/State d4684@comcast.net	and Zip Code	The state of the s
	E-mail address: (to be used for	r future annual report notification)	
For further information c	oncerning this matter, please call:		
Cheyenne Moseley	at (	800 773-0888 ext. 972	
Name o		Tea Code Daytime Teleph	ione Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	Certificate of Status Certi	0 Filing Fee & Cified Copy ified Copy is enclosed)	3 \$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

٤.

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

DFC INTERIOR DESIGNS, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability)	it new appears on our records.) ity Company)	<del></del>
The Articles of Organization for this Limited Liability Company were	e filed on 04/07/2017	_and assigned
Florida document number L17000078639	•	
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 end with the words "Limited Liability C	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<del></del>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
<del></del>		<u> </u>
B. If amending the registered agent and/or registered office		name of the ner
registered agent and/or the new registered office address here:	រុំព ក្រ	u -
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		Sir C
	Enter Florida street address	•
	City , Florida	Zip Code
The second of th		

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Fernanda Cordeiro Casey	2492 Daisy Drive	Ø Add
		North Port, FL 34289	C Remove
***			🖸 Add
			Remove
			🗀 Add
			Remove
	<del></del>	(	O Add
		1	D Add
			_□ Кеточе
			 _[] Add
			_□ Remove

		<del></del>
fective date must be specific, cannot be	prior to date of receipt or filed date and cannot be more than !	_(optional) 90 days after
the this document is filed by the Florida  December 1	prior to date of receipt or filed date and cannot be more than! Department of State)	
Tective date must be specific, cannot be the this document is filed by the Florida December 1	prior to date of receipt or filed date and cannot be more than Department of State)	
fective date must be specific, cannot be ate this document is filed by the Florida  December 1	prior to date of receipt or filed date and cannot be more than! Department of State)	90 days after

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Filing Fee: \$25.00

