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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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#### COVER LETTER

TO: Registration S Division of Co			· <b>\$</b>	•		
C Michael SUBJECT:	Interiors, LLC.		•			
SUBJECT:	Name of Lin	nited Liability Company		_		
	`Amendment and fee(s) are sub	~				
Please return all correspo	ondence concerning this matter	to the following:				
	Carie M Smith					
		Name of Person	_ <u></u>	<del></del>		
	C Michael Interiors LLC.					
		Firm/Company				
	6721 NE 4th Avenue			2023 1.32 -6 P.S. W. 36		
		Address				
	Miami FL 33138			6 P.		
		City/State and Zip Code				
	emichaelinteriors@gmail.co	om to be used for future annual report notif	ication)			
For further information c	concerning this matter, please c	·	,			
Carie M Smith		305 303-1964				
Name (	of Person	at () Area Code Daytime	Telephone Nu	amber		
Enclosed is a check for t	be following amount:					
☐ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)		
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Sec	tion			
Division of C		Division of Cornorations				

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

C Michael Interiors, LLC,			
( <u>Name of the Limited Li</u> (A F	ability Compa orida Limited	iny as it now appears on our rec Liability Company)	cords.)
he Articles of Organization for this Limited Liabili	ity Company	were filed on May 17, 2017	and assigned
lorida document number £17000109258	<del></del> ,		
his amendment is submitted to amend the followin	g:		
. If amending name, enter the new name of the	limited liab	oility company here:	
ne new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	:	C Michael Interiors, LLC.	
Principal office address MUST BE A STREET AL	DDRESS)	6721 NE 4th Avenue	
	_	Miami Fl 33138	ñ23 ;
			شرم!
nter new mailing address, if applicable:		C Michael Interiors, LLC.	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	)	6721 NE 4th Avenue	7.
	_	Miami F133138	4
			දිරි
. If amending the registered agent and/or regist gent and/or the new registered office address he Name of New Registered Agent:		address on our records, <u>em</u>	ter the name of the new regist
	721 NE 4th A	Venne	
New Registered Office Address:		Enter Florida street ado	lress
М	iami		Florida 33138
			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, 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
MGR	Carie M Smith	6721 NE 4th Ave, Miami Fl 33138	<u> </u>
			□ Remove
			□Change
MGR	Christopher Gerdon		□ Add
		4001 SW 2nd Terrace Miami Fl 33134	■Remove
			Change .
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ective date, if other than the effective date is listed, the date inserted in this ument's effective date on the	s block does n	ot meet the appli	cable statuti	ling or more tha	n 90 days after f irements, this	nar) iling.) Pursuant to 605 date will not be liste	i.026 ed a
cord specifies a delayed effects filed.	ctive date, but	not an effective	time, at 12:€	)1 a.m. on the	earlier of: (b)	The 90th day after	r the
ed		2023	/	NN			
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	C	of a member or auth	المارشين				

## COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corpor	rations				
C Michael Inte			<u></u> _		
UBJECT:	Name of Limited	Liability Company			
	mendment and fec(s) are submit				
Please return all correspond	lence concerning this matter to t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Carie M Smith				
		Name of Person			
	C Michael Interiors LLC.				
		Firm/Company			
	6721 NE 4th Avenue				
		Address			
	Miami FL 33138		2023 5		
		City/State and Zip Code	(		
	emichaelinteriors@gmail.cor E-mail address: (to	n be used for future annual report notifi	cation)		
For further information C	oncerning this matter, please ca		p 4 4: 00		
Caric M Smith		305 303-1964 at ()	0		
Name o	f Person	Area Code Daytimo	: Telephone Number		
Enclosed is a check for t	he following amount:		Total no Pillian Pag		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\int \$\\$\$\$ \$60.00 \text{ Filing Fee,}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addr</u> Registration	<u>ess:</u> Section	Street Address: Registration Se	ection		
Division of	Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 63	327 . FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303