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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of C	orporations		
Elevate F	Iome Staging LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kyla Whipple		
		Name of Person	
	Elevate Home Staging LL	С	
		Firm/Company	
	1636 Bob O Link Drive		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Venice, FL 34293		
	kb_whipple@verizon.net	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please co	all:	
Kyla Whipple		941 685-3716	
Name	of Person	at () Area Code Dayti	me 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 Addr Registration	Section	Street Address: Registration S	
Division of	Corporations	Division of Co	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florate Home Staging LLC.

(Name of the Limited Liability Company as it now appe	ears on our records.)
(A Florida Limited Liability Company	)
the Articles of Organization for this Limited Liability Company were filed on  Iterida document number	01/09/2018 and assign
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>here</u> :
Design Loft LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	# :
	6
. If amending the registered agent and/or registered office address on our	records, enter the name of the new re
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
	;; ;2
Name of New Registered Agent:	
New Registered Office Address:	
	lorida 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 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
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			□ Add
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		/07/2021			
ffective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	must be specific and cannot block does not meet the specific and cannot be specifically and cannot be specific and cannot be specifically and canno	ot be prior to da he applicable	e of filing or more the	(optional) in 90 days after filing.) irements, this date	Pursuant to 605.0207 (will not be listed as t
record specifies a delayed effer is filed.	ctive date, but not an ef	Tective time, a	nt 12:01 a.m. on the	earlier of: (b) The	90th day after the
May 7th	20	21			
ated		··			
10	elana				
17/	Signature of a member				

Typed or printed name of signee