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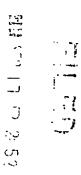
(Requestor's Name)
(Address)
(Address)
( as we say,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.1
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Division of Co			
SUBJECT:	Clemons Into	XIDGS III.	
	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.	•
Please return all corresp	ondence concerning this matter	to the following:	-
	Willi	Name of Person	- - -
	C.km	ons Interiors	uc g
	1460 Admir	al Hussy Ave.	
	Daytona Bo	City/State and Zip Code	
	Clemons in E-mail address:	TO OYS @ AMOUNT CONTROL TO DE USED FOR FUTURE ANNUAL REPORT NOTIFIED TO THE CONTROL OF THE CONTR	cation)
For further information	concerning this matter, please c	all:	
William Name	Mmons of Person	at ( <u>38%</u> ) <u>1,092</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	1

P.O. Box 6327

Tallahassee, Fl. 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liahil	INTERIORS UCC ity Company as it now appears on ou a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Of Florida document number	'	3 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida stree	et address
	Cuv	Florida Zip Code
	- · · · · ·	124° COM

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</u> <u>being added or removed from our records</u>:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephanic Shedd	1460 Admiral Halsey Ave.	🗆 Add
		Daytona Brach, FL 32124	□ Remove
			Change
MAR	William Ckmons	1460 Admiral Halsey Ave	B⁄Add
		Duytona Beach, FL 32124	}□ Remove
		<u> </u>	Change
			Remove
			Change
			Add
			.∩ □ Remove
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(1f a <u>No</u>	ective date, if other than the date of filing:	Pursuant to 605.01 ill not be listed
(b) T	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o he 90th day after the record is filed.	n the earlier
Da	September 14. 2018.	
	0	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00