L19000027519

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200339553502

01/24/20--01009--015 **25.00



O SIMMONS FEB 1 9 2020

COVER LETTER

TO:	Registration Se Division of Cor				
	Linda Hen	dershot Interiors, LLC			
SUBJE	CT:	Name of Lim	ited Liability Company	y	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Linda M. Hendershot			
			Name of Person	n	
Divis SUBJECT: _ The enclosed A Please return a For further inf Linda Hende		Linda Hendershot Interior	rs, LLC		
			Firm/Company	·	
		470 Magellan Dr.			
			Address		
		Sarasota, Florida 34243			
		linda@coastalluxuryinteric	City/State and Zip Ors.com	Code	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future a	nnual report notificat	ion)
For furt	her information c	oncerning this matter, please ca	all:		
Linda	Hendershot		816	405-2615	
		c D	at ()	dephone Number
	Name o	f Person	Area Code	Daytime re	nephone Number
Enclose	ed is a check for th	ne following amount:			
A \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S			eet Address: gistration Section	on

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linda Hendershot Interiors, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Control Contro	and assigned	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	2020 J# Secre
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	<u></u>	7 3 3 C
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the na	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	That.	
		Zin 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
AMBR	Michael W. Hendershot	470 Magellan Dr., Sarasota, FL 34243	
			= Add
			□Remove
			= 0.
			UChange
			SECINE TALL
			Change SECRET Add 211
			Remover
			Remove 1
			, .
			□ Add
			□Remove
			□ Change
			□Add
			(T) D
			□Remove
			🗀 Change
			□ A.J.J
			□Add
			□ Remove
			□Change
			Change
	#*-4PP-8E		□Add
			Remove
			UKCIIIOVE
			∏Change

			· · · · · · · · · · · · · · · · · · ·					•	
	<u> </u>			• • •	<u> </u>				
			 				<u></u>		
				· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·							
		·				,			
	<u> </u>				······································	····	36	2020	
								JAN	
								7	** . ;
						 	GI.	<u> </u>	
							78	7:-3	
									
								•	
	ther than the da					(optio	nal)		
te: If the date ins	ted, the date must be erted in this block	does not me	et the applica						
cument s effective	date on the Depa	rtment of Sta	te s recoras.						
	elayed effective da	ate, but not ar	n effective tir	ne, at 12:01 a	.m. on the ear	lier of: (b)	The 90	Oth day :	after tl
is filed.									
January 22 ted			2020						
				- <i>y</i>					

Typed or printed name of signee