L19000072334

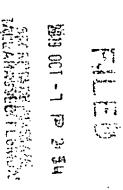
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:					• • • • • • • • • • • • • • • • • • •
SUBJE		nside Out K	itchen and Bath LLC		<i>e</i>
GODGE		*****	Name of Lim	ited Liability Company	
				-	
			Michael Erickson		
			The Court of Corporations It is not concerning this matter, please call: City/State and Zip Code Daytime Telephone Number		
			3928 King Edwards Street	Innent and Fee(s) are submitted for filing. Innent and fee(s) are	
		Firm/Company 3928 King Edwards Street Address Fort Myers, Florida 33916 City/State and Zip Code merickson@insideoutkb.com			
Address Fort Myers, Florida 33916 City/State and Zip Code merickson@insideoutkb.com					
For fur	ther info	ormation co		_	otification)
	el Ericks			239 226-0404	
		Name of I	Person		ime Telephone Number
Enclose	ed is a c	heck for the	following amount:		
S \$25	5.00 Fili	ng Fee	_	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



September 30, 2019

MICHAEL ERICKSON 3928 KING EDWARDS ST FT MYERS, FL 33916

SUBJECT: INSIDE OUT KITCHEN AND BATH LLC

Ref. Number: L19000072334

We have received your document for INSIDE OUT KITCHEN AND BATH LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Please put the LLC name, the docment number and the date the LLC was filed on the first page of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 819A00020128

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

THEM

	Or	The same of the sa
(Name of the Limited	Liability Company as it now apper	BATH LLEGET - 1 P 21 34
The Articles of Organization for this Limited Liab Florida document number <u>L19000723</u>	ility Company were filed on _	3/14/Zisapening and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company l	<u>oere</u> :
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:		n our records, enter the name of the new
New Registered Office Address:	Enter Flo	orida street address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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	Matthew Stringham	18374 Fern Road Fort Myers, Florida 33967	⊒ Add
			Remove
			Change
			□ Remove
		····	Change
			
			Remove
			Change
			☐ Add
			□ Remove
			☐ Change
			Add
			П Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

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		-		
				
If an effective date is listed, the Note: If the date inserted in	date must be specific and cannot in this block does not meet the in the Department of State's re	applicable statutory fili	(optional) more than 90 days after filing.) ng requirements, this date w	Pursuant to 605,0207 vill not be listed as (
he record specifies a d The 90th day after ti	elayed effective date, b he record is filed.	out not an effective	time, at 12:01 a.m. o	n the earlier of
Dated August 12	2019	·		
				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00