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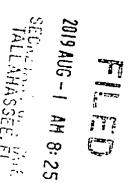
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor					
eun iez		ne Interiors LLC				
SUBJEC	-I; <u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Joelle Ebanks				
		<del></del>	Name of Person	<del></del>		
		Island Home Interiors LLC				
		<del></del>	Firm/Company			
		10184 Boca Vista Drive				
		Address				
		Boca Raton Florida 33498				
		City/State and Zip Code				
		Jojoe590@gmail.com E-mail address: (	to be used for future annual report noti	fication)		
For furth	ner information o	concerning this matter, please c				
Joelle E	banks		239 3166771			
	Name o	of Person	at ()	e Telephone Number		
Enclosed	t is a check for t	he following amount:				
	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)		
	Registi	ING ADDRESS: ration Section of Corporations	STREET/COURI Registration Section Division of Corpor	on		

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Home Interiors LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited I	Liability Company	were filed on 06/17/2019	and assigned
Florida document number L19000158769	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	1	V. 7. "A. J. j	" and a abbrack and a first "
<u>-</u>		10184 Boca Vista Drive	of the aboreviation 1,17, C.
Enter new principal offices address, if appli (Principal office address MUST BE A STRE.		Boca Raton, Florida 33498	2019 S S S
Trincipal office duaress MOST DE MONRES			9 AUG
Enter new mailing address, if applicable:		10184 Boca Vista Drive	- 1
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, Florida 33498	6 8 D
B. If amending the registered agent and registered agent and/or the new registered (			s, enter the name of the r
Name of New Registered Agent:	Joelle Ebanks		
New Registered Office Address:	10184 Boca Vi	sta Drive	
		Enter Florida street addre.	ss
	Boca Raton		lorida <u>33498</u>
		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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Joelle Ebanks	10184 Boca Vista Drive, Boca Raton Florida 33498	Add
			□ Remove
			☐ Change
MGR Andrew D. Ebanks	Andrew D. Ebanks		_ □ Add
			□ Remove
		10184 Boca Vista Drive, Boca Raton Florida 33498	
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		Add	
			Remove
			Change

Note	tive date, if other than the date of filing:
f the reb) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
Date	07/27/2019
	An .
	NI/ Saath
	Signature of a member of amthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00