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COVER LETTER

Registration Section

TO:

Division of Corporations			
subject: <u>Avtist</u>	ry Interiors by	Lenna WCKWOO Jed Liability Company	oduc
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Juna Lockwood Name of Person	
	Avhistr	y Interiors Firm/Company	
	3425 Banne	man Rd # 105-1	232
		City/State and Zip Code	
	E-mail address: (i	o be used for future annual report notifi	ication)
For further information cor	ncerning this matter, please ca	all:	
duna lock	erson Person	at (<u>\$50</u>) <u>559-8</u> Area Code Daytime	951 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	oorations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Avtistn/ Ntendrs to (Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	any were filed on 6/9/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Artisty Interiors LLC The new name must be distinguishable and contain the words "Limited I	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	3425 Bannerman Rd.
(Mailing address MAY BE A POST OFFICE BOX)	#105 232 Tallahassee, FL 32312
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	= 11
New Registered Office Address:	Enter Florida street address 60
	, Florida

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
MGR	Krista Vickers	5377 Fairbanks Ferry Rd Havana, FL 32333	⊠Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□ Change

	Address	Change: 1390	Timberlano	Rd.	Tallahassee.FL
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Effecti	ive date, if other tl	han the date of filing:			(optional)
f an effe	ective date is listed, the	date must be specific and cannot	be prior to date of filing or m	ore than 90	days after filing.) Pursuant to 605.020 ments, this date will not be listed as
		on the Department of State's i		g requirer	nents, this date will not be listed as
		effective date, but not an effe	ective time, at 12:01 a.m.	on the ear	lier of: (b) The 90th day after the
d is fil	leđ.				
	11021	25	.20		
Dated .	11231	. 20	20		
		1111	Land, Roll		
		Signature of a member	or authorized representative	of a memi	per
		//			
			MA LACKWAN		