

L19 000 242159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

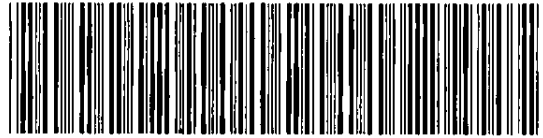
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
AUG 27 2024

Office Use Only



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08/23/24--01020--011 \*\*55.00

FILED  
2024 AUG 23 PM 12:16  
JUL 23 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERIOR FUSION JACKSONVILLE LLC  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD FENDLEY

\_\_\_\_\_  
Name of Person

INTERIOR FUSION JACKSONVILLE LLC

\_\_\_\_\_  
Firm/Company

8409 BAYMEADOWS ROAD

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32256

\_\_\_\_\_  
City/State and Zip Code

rfendley@interiorfusion.us

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Fendley

727 517-5132  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**Mailing Address:**

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

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INTERIOR FUSION JACKSONVILLE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2024 AUG 23 PM 12:17  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/25/2019 and assigned  
Florida document number L19000242159.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: DIANE B FENDLEY

New Registered Office Address: 7880 US HWY 19 N

*Enter Florida street address*

PINELLAS PARK

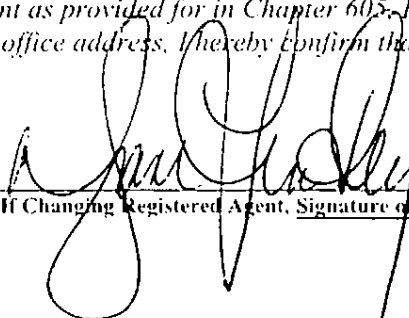
*City*

Florida 33781

*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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD FENDLEY	7261 BRYAN DAIRY ROAD	<input type="checkbox"/> Add
		LARGO, FL 33773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIANE B FENDLEY	7880 US HWY 19 N	<input checked="" type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 20 2024

AUGUST 20 \_\_\_\_\_ 2024  
 \_\_\_\_\_  
 Signature of a member or authorized representative

RICHARD FENDLEY

Typed or printed name of signee

1. *Chlorophyll a* (Chl *a*)

**TO: Registration Section  
Division of Corporations**

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Name of Limited Liability Company

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Address
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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Fendley	727	517-5132
Name of Person	Area Code	Daytime Telephone Number

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- ☐ \$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)

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Enter Florida street address

PINELLAS PARK, Florida 33781  
City Zip Code

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			<input type="checkbox"/> Change



[illegible]

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AUGUST 20 2024

*Michael J. Fend*

Signature of a member or authorized representative

RICHARD FENDLEY

**Filing Fee: \$25.00**