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COVER LETTER

TO:

	egistration Se ivision of Cor				
CUBILCT		al Design Studio, LLC			
SUBJECT	:	Name of Lim	ited Liability Company	<u> </u>	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Chantal Warmoth			
			Name of Person		
		Knot & Tide Interiors, LLG	C		
			Firm/Company		
		2372 Heritage Greens Dr.			
			Address		
	Naples, FL 34119				
			City/State and Zip Code		
		nancy.warmoth@fs-llc.com			
		E-mail address: (to be used for future annual report no	titication)	
For further	information c	oncerning this matter, please ca	all:		
Chantal W	'armoth		239 207-2896 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is	s a check for th	ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	lailing Addres		Street Address:		
	egistration S		Registration Se		
	ivision of C .O. Box 632	-	Division of Co The Centre of		
	allahassee. I			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knot & Tide Interiors, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000016805</u> .	wwere filed on January 8, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 na	me of the new register
agent and/or the new registered office address here:		1-1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	##
	, Florida _	Zip Code
n n i n i n i n i n i n i n i n i n i n	•	z.u) Coxue
New Registered Agent's Signature, if changing Registered Agent liberaby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further a e performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Type of Action
MGR	Hillary Boss		🗀 Add
			□Remove
			Change
	<u></u>		
			■Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove

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fective date, if other than the on effective date is fisted, the date must ote: If the date inserted in this blocument's effective date on the D	date of filing: t be specific and cannot be prior to datock does not meet the applicable epartment of State's records.	te of filing or more than 90 days a statutory filing requirements,	ptional) fter filing.) Pursuant to 605.020 this date will not be listed a
is filed.	e date, but not an effective time, a		: (b) The 90th day after the
Eukanani 0	2021		
ited			
February 9	oth)		

Filing Fee: \$25.00