## L20000033629

| (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<br>MAR 2 0 2023                |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: JW STAGING & DESIGN 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:   |
| Jennifer Wodickal Name of Person  |
| Firm/Company  |
| 2330 NE 34th COLY+  |
| Lighthouse Point FL 330 Cly  City/State and Zib Code  Jennal Cocistal Dalminteriors Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Jennifer Wollick at SUI 212 9054  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| S25.00 Filing Fee S25.00 Filing Fee S255.00 Filing Fee Fee S255.00 Filing Fee Fee S255.00 Filing Fee Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe |
| Mailing Address: Street Address:  |

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

TO:

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



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

| (A Florida Limited  | Liability Company)   |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2000033(e29</u> .     | were filed on 1/37/2020 and assigned                         |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab   |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | STERIORS LLC  dity Company," the designation "L.L.C."        |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)          | 2330 NE 34th Court Lighthause point, FL 33064                |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              | 2350 NE 34th Cart<br>Lighthause Point, FL<br>33064           |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: +enni   | fer Wodicku  |

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

LIGHTOUSE POINT, Florida 37

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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 | Membe |

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|---------|----------------|
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| reffecti<br>te: It | date, if other than the date of filing:  |
| he 91              | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| ed                 | 12/19/22    Description of a member or authorized representative of a member   |
|                    | Me a   |
|                    | Signature of a member or authorized representative of a member   |

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Filing Fee: \$25.00