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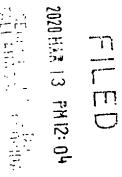
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Interio	Design + Real Name or Lim	Estate Srvices, Lited Liability Company	LC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	·	Luis Slade Name of Person 1 + Real Estate Service Firm/Company	is, LLC
		Jose Blyd # 157 Address	
	_ Jacksoni	City/State and Zip Code	
	E-mail address: (	lo be used for future annual report notion	fication)
For further information co	oncerning this matter, please ca	all:	
LETICIA & S Name of	Person	at (404) 333-4 Area Code Daytime	3022 e Telephone Number
Enclosed is a check for th	e 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)

TO:

Registration Section

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 Design + Real	Estate Savian LLC
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L20000055782</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)
Enter new mailing address, if applicable:	2020 HAR
(Mailing address MAY BE A POST OFFICE BOX)	3 PR C
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
	City Zip Code

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

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

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 10950 560 San Jose Blid #	Type of Action
MGL	Clayton Luis Slade	Lacksonville, FL 32223	<b>X</b> add
		<del></del>	□Remove
			□Change
MGR	Letina R Stadl	10950-60 San Jose Blvd.#	
			XRemove
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			□Remove
			□Change

ii amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<u>ote:</u> It t	date, if other than the date of filing:
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee