## L20000085241

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SECRETARY OF STATE

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## **COVER LETTER**

	Registration Sec Division of Corp		<b>/</b> }		
cius us c	His Promise	Design Interiors LLC	a series		
SUBJEC	.I:	Name of Limi	ted Liability Company		<del></del>
Please re	turn all correspoi	ndence concerning this matter t	to the following:		
		Michael Dempsey			
			Name of Person		
		ZenBusiness Inc.			
			Firm/Company		<del></del>
		5511 Parkerest Drive Suite	103		
			Address		
		Austin, Texas, 78731			
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For furth	ner information co			•	
				.193.591.	
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	Name of	Person	Area Code	Daytime	esephone Number
Enclosed	d is a check for th	ne following amount:			
<b>≡</b> \$25.	.00 Filing Fec		Certified Copy	,	Certificate of Status & Certified Copy
	Mailing Addres Registration S			t Address: stration Secti	on

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

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) (YOF STATE (A Florida Limited Liability Company)

His Promise Design Interiors LLC

2022 FEB -8 AM 6: 50

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{2020-03-18}{1000}$ and assigned Florida document number | L20000085241 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 881 Barton Boulevard Enter new mailing address, if applicable: Rockledge, FL 32955 (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: New Registered Office Address: Enter Florida street address \_\_\_\_, 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
			□Add
			□Remove
			□Change
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<b>Acctive date, if other than the</b> an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	be specific and cam ock does not meet	the applicabl				
record specifies a delayed effective is filed.	date, but not an e	effective time	, at 12:01 a.m.	on the earlier o	f: (b) The 90	th day after the
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eted February 3  /s/ Nicole Stephens						
/s/ Nicole Stephen				of a member		

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