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22 FFR 11 PN 3: 26

T. MATTHEWS

FEB 2 2 2022

COVER LETTER

Division of C	Corporations		
	nise Design Interiors LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Michael Dempsey		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkerest Drive Suite	e 103	
		Address	
	Austin, Texas, 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
		to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
Michael Dempsey c/o	ZenBusiness Inc.	844 493-6249	
Nam	e of Person	at ()	e Telephone Number
Enclosed is a check for	r the 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)
Mailing Add Registration		Street Address:	ation
•	Corporations	Registration Se Division of Cor	
P.O. Box 6	•	The Centre of T	

Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEF 11 PH 3: 26

His Promise Design Interiors LLC

(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	were filed on $\frac{2020-03-18}{}$	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 liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" 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:	881 Barton Boulevard	
(Mailing address MAY BE A POST OFFICE BOX)	Rockledge, FL 32955	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	ress
		Florida
	City	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 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
			
			□Remove
			□Change
			□Add
			□Remove
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			□ Change

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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this bloddocument's effective date on the De	ock does not meet th	ne applicable	te of filing or mor statutory filing	(opti e than 90 days afte requirements, th	i onal) r filing.) Pursuant to is date will not be	605.0207 (listed as t
e record specifies a delayed effective d is filed.	edate, but not an ef	fective time.	at 12:01 a.m. or	the earlier of: (l	b) The 90th day a	ifter the
Pated February 4	20:	<u>22</u> .				
Dated February 4 /s/ Nicole Stepher	150H					
/s/ Nicole Stepher	150H Signature of a member		representative o	f a member		

Filing Fee: \$25.00