121000075565

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COVER LETTER

	legistration Se Division of Cor			
eun itza		nterior Designs, LLC		
SUBJEC'I	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ım all correspo	ondence concerning this matter	to the following:	
		Tamara M. Mitchell		
			Name of Person	
		Blueprint Interior Designs,	LLC	
			Firm/Company	
		7 SEDERHOLM PATH		
			Address	
		PALM COAST, FL 32164		
			City/State and Zip Code	
		tmm.blessed@gmail.com	to be used for future annual report to	
For further	r information c	oncerning this matter, please c	·	(Antication)
Tamara M	I. Mitchell		386 225-0208	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed i	is a check for th	he following amount:		
■ \$25.00	0 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)
	<u> 1ailing Addres</u> Registration S		Street Address: Registration S	Section
	Division of C P.O. Box 632	orporations	Division of C The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Communication (Communication)

September 3, 2021

TAMARA M. MITCHELL 7 SEDERHOLM PATH PALM COAST, FL 32164

SUBJECT: BLUEPRINT INTERIOR DESIGNS, LLC

Ref. Number: L21000075565

We have received your document for BLUEPRINT INTERIOR DESIGNS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The document number of the name conflict is L20000132862 - THE BLUEPRINT CO. LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 221A00021416

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blueprint Interior Designs, LLC		
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02/15/2021</u>	and assigned
Florida document number 1.21000075565		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Sacred Har lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7 Sederholm Path	
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast, FL 32164	101
Enter new mailing address, if applicable:	7 Sederholm Path	20 0
(Mailing address MAY BE A POST OFFICE BOX)	Palm Coast, FL 32164	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	•	

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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
		·	□ Change
			□Remove
			□Change
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			□Remove
			☐Change
		·	🗀 Add
			□Remove
			⊡Change

an ei Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t filed.
ated	l
	January M. Witch ell Signature of a member or authorized representative of a member
	Esignature of a member or authorized representative of a member
	Tamara M, Mitchell