

K21000075565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

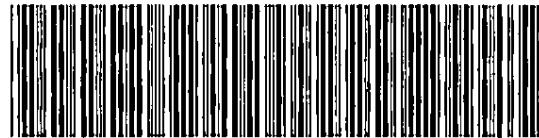
(Business Entity Name)

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SEP 20 2021

ALBRIGHTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blueprint Interior Designs, LLC

\_\_\_\_\_  
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:

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

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara M. Mitchell

386

225-0208

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 SEP 20 AM 11:32

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

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*Samantha M. Mitchell*  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**