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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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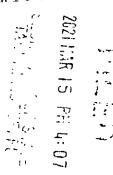
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COVER LETTER

| TO: Registration Division of O | i Section Corporations | | |
|-----------------------------------|-------------------------------------|---|---|
| subject: <u>Ау</u> | Cadian Interiors L Name of Lim | LC ited Liability Company | <u>-</u> |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | <u>Melissa</u> | Merrill Name of Person | |
| | | Firm/Company | |
| | 8656 Hw | 4 86 N Address | |
| | _ Laurel Hill | FL 32567 City/State and Zip Code errill@mac.com | .) (a) |
| | melissa . m E-mail address: (| errille mac. com | fication) |
| For further informatio | n concerning this matter, please co | | |
| <u> Welissa Wan</u> | e of Person | at (<u>937</u>) <u>409-2</u> Area Code Daytim | 409 e Telephone Number |
| Enclosed is a check fo | or the following amount: | | |
| □ \$25.00 Filing Fee | | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Add Registratio | | Street Address: | ction |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

| Avcadian Interiors L (Name of the Limited Liability Com (A Florida Limited) | pany as it now appears on our records ed Liability Company) | <u>~)</u> |
|---|---|-------------------------------|
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L21©0080752</u> . | ny were filed on <u>Feb. 17,2</u> | OL\ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| Avadian Interior Design LLC The new name must be distinguishable and contain the words "Limited Lia | | |
| | ability Company." the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS</u>) | | |
| | | 25 |
| Enter new mailing address, if applicable: | | ज । इ. स |
| (Mailing address MAY BE A POST OFFICE BOX) | | .10 <u></u> |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, <u>enter t</u> | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | utal |
| | City . F101 | rida 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 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 |
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| an effective date in the date of the date | f other than the date s listed, the date must be s inserted in this block of tive date on the Depart | specific and cannot be p does not meet the app | rior to date of filing plicable statutory | or more than 90 day | (optional) is after tiling.) Pu ts, this date wil | irsuant to 60 Il not be lis |)5,020 sted a |
| | a delayed effective dat | e, but not an effectiv | re time, at 12:01 a | .m. on the earlier | of: (b) The 9 | 0th day aft | er the |
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Filing Fee: \$25.00