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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: EF	INTERIORS		4	
SUBJECT:		ited Liability Company	•	
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Bro	ooke Tina		
		Name of Person		
	t	Er Interiors		
		Firm/Company		
	16317	f Cabernet D.	rive	
	Address			
	Delray &	SCACH, FL 3 City/State and Zip Code	3446	
		City/State and Zip Code		
	E-mail address: ()	NGINTERIORS W GIN	fication)	
For further information c	concerning this matter, please ca			
Brooke	FINA	at (476) 378 - (Area Code Daytim	2356	
Name o	of Person	Area Code Daytim	e Telephone Number	
Park of the deal force	to C.D. min a man man			
Enclosed is a check for the		_	_	
☐ \$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 Addres	<u>ss:</u>	Street Address:		
Registration :	Section	Registration Se		
Division of C P.O. Box 632		Division of Cor The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EF INTCILORS
(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 $\underline{March 18,2421}$ and assigned Florida document number $\underline{86-2698336}$
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)
Enter new mailing address, if applicable: (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: Jason Evans, Esq.
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

رر ک 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
AMBR	Jill Evans	16179 PanmeonPas	∑ X ∧dd
		16179 PanmeonPass Delray Black, FL 33446	_ □Remove
		33996	_ □Change
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Effective date, if other than the date of filing: JUNE 2, 202/ (options (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ing.) Pursuant to 605,0207 (3)(h)
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) cord is filed.	The 90th day after the
Dated 6/2/21 2021	
	\approx
Jan As	.2
Signature of a member or authorized representative of a member	
Dated Dated	7101, 1,101

Filing Fee: \$25.00