K21000207932

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2021 JUL 20 AM 10: 51 SECRETARY OF STATE

COVER LETTER

	gistration Sec ision of Corp					
CUDIECT.	BO.M INTE	RIORS LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	I Articles of 7	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	dence concerning this matter	to the following:			
		MARTIN LOPEZ				
			Name of Person			
		MARCUM LLP				
			Firm/Company			
		ONE SE THIRD AVE ST	E 1100			
			Address			
		MIAMI, FL, 33131				
			City/State and Zip Code			
		martin.lopez@marcumllp.co	om to be used for future annual report noti	(Francia a)		
For further in	nformation co	ncerning this matter, please ca		rication)		
Martin Lope			305 995-9706 at ()			
	Name of	Person	Area Code Daytim	ne Telephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 H	Filing Fee	☐ \$30.00 Fiting 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BO.M INTERIORS LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000207932	were filed on May 04, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MAISON BO.M ELC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CRETARY OF STATE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: N/A	<u> </u>
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
			□ Add
			SECRE Change
·——-			SECRETARY OF STATE
			□Change
			□Add
			□Remove
			Change
			⊡Add
			□ Remove
			□Change
			□Add
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N/A							
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tive date, if other the ffective date is listed, the			prior to date o	f filing or more th	(opt an 90 days afte	ional) er filing.) P	ursuant to
: If the date inserted in	n this block does	not meet the a	ipplicable stai				
ment's effective date o	on the Departmen	t of State's re	cords.				
ord specifies a delayed	effective date, bu	it not an effee	tive time, at 1	2:01 a.m. on th	e earlier of: (b) The ^c	00th day a
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July 14th		, 2021					
		—/ —					
·		// /					
1		-/-/- -	//				
1 2, 14	Signature	of a sumbarri	authorized re-	presentative of a	member		
	Signature	of a member o	authorized re	presentative of a	member		

Filing Fee: \$25.00