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2021 DEC 27 1/11/2: 36

COVER LETTER

TO:

TO: Registration S Division of Co			
	R METZ INTERIOR DESIGNS	S, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jennifer Metz		
		Name of Person	
	JENNIFER METZ INTER	NOR DESIGNS, LLC	
Firm/Company		Firm/Company	
	15320 Softwood CT		
		Address	
	Wellington FL 33414		
		City/State and Zip Code	
	Jennifer.R.Metz@hotmail.c		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	tification)
Jennifer Metz		561 628-0516	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	CK# 1553	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JENNIFER METZ INTERIOR DESIGNS, LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L21000480978	re filed on 11-8-2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
JENNIFER METZ DESIGNS, LLC		
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains t	Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	-	85 <u>0</u>
	Enter Florida street address Florida City o act in this canacity. I further ass	· 60
New Registered Agent's Signature, if changing Registered Agent:	City	OZip Gyle
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per	s are an interest age	

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
			□Remove
		·	
			□Remove
			□ Change
			
			□Remove
		 	□Change
			□ Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove

	ding/changing the name of my company, to be: Jennifer Metz Designs, LLC
	
•	
ective date if other the	an the date of filing: (optional)
effective date is listed, the de: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed and the Department of State's records.
	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
i filed.	
December 22	2021
ed December 22	In MIA
December 22	Signature of a member or authorized representative of a member