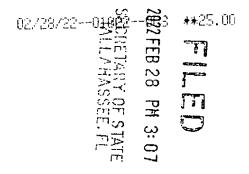
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## **COVER LETTER**

| TO:           | Registration Se<br>Division of Cor   |                                  |                          |                        | •             |               |        |  |  |
|---------------|--|----------------------------------|--------------------------|------------------------|---------------|---------------|--------|--|--|
|               |  | INTERIOR ÍMBELIŠÍHMENTS, LLC     |                          |                        |               |               |        |  |  |
| SUBJE         | CT:  | Name of Limi                     | ted Liability Company    |                        |               |               |        |  |  |
| The enc       | Hosed Articles of  | Amendment and feets) are subt    | mitted for filing.       |                        |               |               |        |  |  |
| Please r      | return all correspo  | ondence concerning this matter t | o the following:         |                        |               |               |        |  |  |
|               |  | SABRINA MOTES                    |                          |                        |               |               |        |  |  |
|               |  |                                  | Name of Person           |                        | <del> </del>  |               |        |  |  |
|               |  | INTERIOR IMBELISHME              | ENTS, LLC                |                        |               |               |        |  |  |
|               |  |                                  | Firm/Company             |                        |               |               |        |  |  |
|               |  | 202<br>S.S.                      |                          |                        |               |               |        |  |  |
|               |  | 2FEB                             | , and                    |                        |               |               |        |  |  |
|               |  | GROVELAND, FL. 34736             |                          |                        |               | B 28 PM 3: 07 | 7      |  |  |
|               |  | 37.<br>32 <b>9. 7.</b>           | 1                        |                        |               |               |        |  |  |
|               |  | SMK5319@AOL.COM                  | o be used for future and | wal supper parificulty | on t          | in S          | المحيد |  |  |
| For fun       | ther information c   | encerning this matter, please ca |                          | шат герин пектелие     | му            | O7            |        |  |  |
| SABRI         | INA MOTES  |                                  | 954<br>at ( )            | 328-1382               |               |               |        |  |  |
|               | Name o   | f Person                         | Area Code                | Daytime Tele           | ephone Number |               |        |  |  |
| Enclose       | ed is a check for t  | he following amount:             |                          |                        |               |               |        |  |  |
| <b>≡</b> \$2. | S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filin |                                  |                          |                        |               |               |        |  |  |

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

| INTERIOR EMBELISHMENTS, LLC   |   |   |
|---|---|---|
| (Name of the Limited Liability<br>(A Florida L  | Company as it now appears on our record imited Liability Company) | <u>(s.</u> )                                      |
| The Articles of Organization for this Limited Liability Cor   | npany were filed on 1/31/2022                                     | and assigned                                      |
| Florida document number 1.22000052154   |   |   |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limite   | d liability company here:   |   |
| INTERIOR IMBELLISHMENTS, LLC  |   |   |
| The new name must be distinguishable and contain the words "Limite  | d Liability Company," the designation "LLC                        | " or the abbreviation: L.L.C."                    |
| Enter new principal offices address, if applicable:   |   | 2FH 7   |
| (Principal office address MUST BE A STREET ADDRE  | <u></u>   | 8 2   |
| •   |   |   |
| Enter new mailing address, if applicable:   |   | OF ST   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <del>一百百                                   </del> |
| Making dualess MAT BE A FOST OFFICE BOX)  | <u>.</u> .  |   |
|   |   |   |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, enter                              | the name of the new registered                    |
|   |   |   |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida street address                                      | s   |
|   | , Fic   | orida   |
|   | City  | 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action   |
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| ective              | date, if other     | than the date                           | e of filing   | ;:          |                                |                                |               | (option:                               | aD)         |               |
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| ument               | 's effective dat   | e on the Depart                         | ment of Si    | tate's reco | rds.                           | , , , , ,                      | requirence    | ,, , ,,,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,, | uc will inc | t be risted   |
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|                     | 4                  | 1/2                                     | To            | Person I    |                                | _                              |               |  |             |               |
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