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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
subject: <u>Int</u>	erior Yacht Name of Lim	Consulting L ited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Meghaan E	1/2abeth Ziajk Name of Person	ia
		Firm/Company	
	397 Shady	wood Lane	 -
	<u>Magnolia</u>	Delaware 1 City/State and Zip Code	9962
, and ever	-	u e icloud. co	
For further information c	oncerning this matter, please ca	ali:	
Kathryn /	41991ns Person	at (410) 310 :	5207 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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 Address		Street Address:	45
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interior	Yacht	Consu	1/ting	LLC	
(Name of the	Limited Liabi (A Florid	lity Company a da Limited Liabi	s it now appears o lity Company)	on our records.)	

The Articles of Organization for this Limited Liability Company were filed on <u>March 29, 2022</u> and assigned Florida document number <u>L 22000151258</u>.

This amendment is submitted to amend the following:

	21
Create 4 you LLC	2021
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
• •	(I)
(Principal office address MUST BE A STREET ADDRES	<u> </u>
	· · · · · · · · · · · · · · · · · ·
	- T
Enter new mailing address, if applicable:	Meghaan Elizabeth Ziajka 397 Shadywood Lane Magnolia, Delaware 19962
•	200 56 1 1 / 1 / 1
(Mailing address MAY BE A POST OFFICE BOX)	397 Shadywood Lane
	magnetia Delaware 19962
D 16 discape and agent and a maintained of	·
	flice address on our records, enter the name of the new registers
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	·
	·
agent and/or the new registered office address here:	·
	·
Name of New Registered Agent:	·
agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
Name of New Registered Agent:	·
Name of New Registered Agent:	ffice address on our records, enter the name of the new registere

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
<u> </u>			□Add
			□Remove
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_____ DAdd

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Page 2 of 3

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