L23000014885

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(, , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TO:	Registration Se Division of Cor		•		~	•
CHDIC		rior Trim Work		,		
SUBJEC	~I:	Name of Lin	nited Liability Company	· ·		
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		:	non Scott Ev Name of Person Dic Interior Trip	banks M Work		
		Scer	Firm/Company	W MOKK		
		4041	Barclay Dr			
		Pa	Ce, FL 32571 City/State and Zip Code		SECRE TALL	
		Ssev	banks @ icloud. c	on Seni	ciniteri	artimubrk@
For furth	er information c	E-mail address:	all:	fication) (49 - 1964 - 1984	e Eigmail can
	Name o	f Person	at () Area Code Daytime	c Telephone Number		
Enclosed	I 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 (additional copy is enclosed)	Certified (of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scenic Interior 1 rim Work		
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number L23000014885	·	
This amendment is submitted to amend the following	g:	
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AL	ODRESS)	EP 25 P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ci.	
-	, Flori	ida

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Owner	Shannon Scott Eubanks		
		4041 Barclay Drive Pace, FL 32571	■ Remove
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rument's effective date on the Department of State's rec	ords.				
cord specifies a delayed effective date, but not an effecti s filed.	ive time, at 12:01 a	.m. on the earlier of:	(b) The	: 90th day	after ti
September 18 2023					
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Filing Fee: \$25.00