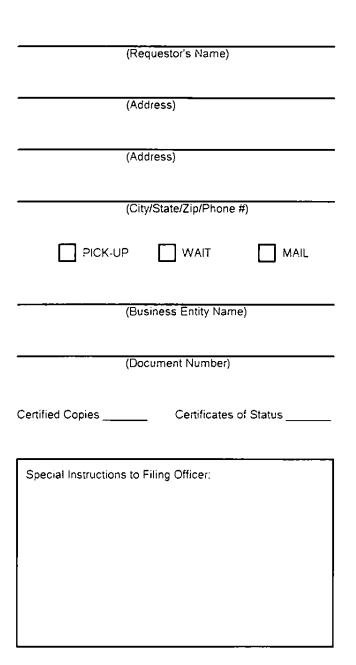
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: SCEN	Name of Limi	WOOL LLC ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
		1 SimS Name of Person	·
	Scenic	Interior TriW	n-work Li(
		lay Dr MHON	
	Milton, FL 3	2571	
	Schicinte E-mail address: (t	City/State and Zip Code  10 V + VWWO- LOY V  to be used for future annual reports of	MAIL. (OM)
For further information	concerning this matter, please ca	all:	
<u>Sean</u>	SimS of Person	at ( Daytin	- 2 2 [ 7 ne Telephone Number
Enclosed is a check for	the 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:
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 Trim Wov	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000/4565</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Scenic Interiors & Exteriors  The new name must be distinguishable and contain the words "Limited Liability".	(LC
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5A Palisides Rd
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	519 Palisades Rd Pensaloly FL 32504
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	Z4 APR
New Registered Office Address:	Finter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Floridan Code

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 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
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			□Remove
			□Change
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Effecti	re date, if other than the date of filing: (optional)
f an eff Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it's effective date on the Department of State's records.
e recor rd is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	H-23-2021

Typed or printed name of signee