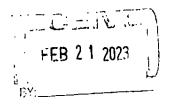
## L23 0000 16618

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

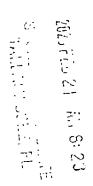
Office Use Only



600402886276



02.02/19--01012--015 \*\*50.00



## **COVER LETTER**

	ion of Cor					••	
	Krewe Ноп	ne Interiors LLC					
SUBJECT: _	<u></u>	Name of Lin	nited Liability Compa	ny		-	
The enclosed A	Articles of .	Amendment and fee(s) are sub	omitted for filing.				
Please return a	ll correspo	ndence concerning this matter	to the following:				
		Moses P. White Sr					
			Name of Pers	อก		<del></del>	
		Krewe Home Interiors LL	С			w 😅	
			Firm/Compar	ıy	<del>.</del>		
		1727 Rangoon Rd NW				Man A	
		<del></del>	Address				
		Palm Bay, FL 32907				- 13, - 2	
			City/State and Zip	Code		— ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	
		kreweoperations@gmail.co				175 - 751	
For forther infe	ormation co	E-mail address: ( oncerning this matter, please c	(to be used for future a	annual report noti	fication)		
		oneeding and matter, preute e		070 41/0			
Moses or Tiffa			254 at (	878-4169 _)			
	Name of	f Person	Area Cod	e Daytim	e Telephone Numb	xer	
Enclosed is a c	heck for th	ne following amount:					
□ \$25.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	ру	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	ng Addres			reet Address:	ction		
Registration Section Division of Corporations				Registration Section Division of Corporations			
	Box 632			e Centre of T		010	
Taila	massee, i	FL 32314	24	13 IN. MONTO	e Street, Suite	Ø10	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Krewe Home Interiors LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on January 9, 2023	and assigned
lorida document number L23000016618		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2903 West New Haven Ave	16 PS
Principal office address MUST BE A STREET ADDRESS)	Unit 585	77.
	West Melbourne, FL 32904	
		2
nter new mailing address, if applicable:	2903 West New Haven Ave	
Aailing address MAY BE A POST OFFICE BOX)	Unit 585	<u></u>
	West Melbourne, FL 32904	71 - 12
		110
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	, Florie	daZîp Code
ew Registered Agent's Signature, if changing Registered Agent:	•	лір Соае

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	<u>Address</u>	Type of Action
MGR	Tiffany R. White	1727 Rangoon Rd. NW	
		Palm Bay, FL 32907	□Remove
			≣Change
MGR	Moses P. White Sr	1727 Rangoon Rd. NW	<b>≣</b> Add
		Palm Bay, FL 32907	□Remove
		<u></u>	Change
			Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
		<del> </del>	☐ Change
			DAdd
			Remove
			☐ Change

		<u></u>		
			رم سائل	202
			<u>~ ~ (.</u>	2023 FEB 2
				<u>5.'</u>
			· (/.	<del></del>
			n) i	A:: -
	<del>-</del>		m :: '	<del>- 33</del> 13
			- <del> </del>	<u> </u>
		<del></del>		<del></del>
ective date, if other than the date of filing:	to date of filing or	op	rtional) Per filing ) Purcuen	u to 605 03
te: If the date inserted in this block does not meet the application	able statutory fill	ng requirements, t	his date will not	be listed
cument's effective date on the Department of State's records.				
ecord specifies a delayed effective date, but not an effect <del>ive ti</del>	me <del>–st</del> 12:01 a.m	on the earlier of	<del>ala The Wi</del> h d	av after ti
is filed.		. on the currer or.	(0)	<b>a</b> , <b>a</b> ite, a
February 16 2023				
ted	<u> </u>			
Signature of a member or author				

Filing Fee: \$25.00