

L23000172995

(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: J. HORNE  
MAY 23 2023

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05/22/23--01008--001 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 22 AM 8:45

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 MAY 22 AM 9:41

RECEIVED

Registration Section  
Division of Corporations

May 18, 2023

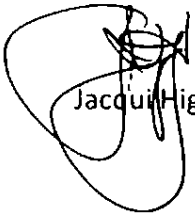
Ms. Jacqui Higgins  
ABD Interiors, Inc.  
401 Bayfront Place  
Apt. 3508  
Naples, Florida 34102

Dear Sir/Madam,

Enclosed is information to manage the change from IBD Interiors, LLC to ABD Interiors, LLC. I've enclosed a check payable to the amount of \$30.00.

Thank you for your assistance.

Sincerely,



Jacqui Higgins

## COVER LETTER

TO: Registration Section  
Division of Corporations

IBD Interiors, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Higgins

\_\_\_\_\_  
Name of Person

IBD Interiors, LLC

\_\_\_\_\_  
Firm/Company

401 Bayfront Place, Apt 3508

\_\_\_\_\_  
Address

Naples, Florida 34102

\_\_\_\_\_  
City/State and Zip Code

jacqui@abdinteriors.design

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqui Higgins

703

307-7379

\_\_\_\_\_  
Name of Person

at ( \_\_\_\_\_ )

Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

2023 MAY 22 AM 8:45

IBD Interiors

SECRETARY OF STATE  
TALLAHASSEE, FL

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_  
Articles of Organization

23000172995

**THIRD:** Document to be corrected is: \_\_\_\_\_

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Mistakenly entered IBD Interiors, LLC versus ABD Interiors, LLC

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☒ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

5/3/23

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Registered Agent's Signature

Filing Fee:  
Certified Copy:

\$25.00  
\$30.00 (optional)