

To:

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2024-09-25 06:34:02 UTC+14

18506176383

From: ZenBusiness User

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and attach to a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000325007 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0676

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 24 PM 4:09

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEW INTERIOR DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

SEP 25 2024

Electronic Filing Menu

Corporate Filing Menu

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07 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEW Interior Design LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2023-04-24 and assigned
Florida document number L23000201694.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LEW Interiors LLC

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:
(Principal office address MUST BE A STREET ADDRESS)

6434 SE Brandywine Ct, Apt 107
Stuart, FL 34997

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6434 SE Brandywine Ct, Apt 107
Stuart, FL 34997

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CLERK OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address
_____, Florida _____
City Zip Code

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lyndsey Weeks		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		6434 SE Brandywine Ct Apt 107 Stuart, FL 34997	<input checked="" type="checkbox"/> Change
MGR	Lyndsey Weeks		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		6434 SE Brandywine Ct Apt 107 Stuart, FL 34997	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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07.3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amend the purpose to read as: Provide interior decorating services for property owners and renters.

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TALLAHASSEE FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated 9/24 2024

/s/Lyndsey Weeks

Signature of a member or authorized representative of a member

Lyndsey Weeks

Typed or printed name of signee

Filing Fee: \$25.00

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