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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT:	Sa Interior Name of Limit	red Liability Company	
	mendment and fee(s) are subn	-	
Please return all correspond	dence concerning this matter t	o the following:	
	Samanth	Name of Person	
	Casa Int	eriors Firm/Company	<del></del>
	1414 215	+ St unit (	)FC
	_ Vero Bea	City/State and Zip Code  City/State and Zip Code  Ca Sainterior  be used for future annual report notified	0 O
	Samantha E-mail address: (to	a Ca Sainterio	(Sven.com
For further information con	ncerning this matter, please cal	11:	
Samantha Name of F	Laveny	at (772) 559 Area Code Daytime	-6093Telephone 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:

TO:

**Registration Section** 

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

(ISAINE 47 THE DIVIN	(A Florida Limited Liability Company	:)
The Articles of Organization for this Limited L Florida document number <u>L2400012</u>	iability Company were filed on _	3/13/2024 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or i agent and/or the new registered office addre		records, enter the name of the new registered
Name of New Registered Agent:	Samantha 1414 215+ St	Laveny
New Registered Office Address:	1414 215+ St Enter Fi	Lunit OFC  lorida street address
	Vero Beach	Florida 32960 Zip Code
New Degistered Agent's Signature if changing	•	гар хэлас

New Registered Agent's Signature, if changing Registered Agent:

Casa

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

**Title** Name **Address** Type of Action MGR Samantha Lavery 1414 21°+ St vero Beach Toxidis \_\_\_\_\_ □Remove □Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ DAdd \_\_\_\_\_ □ Change Remove \_\_\_\_\_ Change Remove □Add Remove **Ö**Change

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