

2400-130001

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(City/State/Zip/Phone #)

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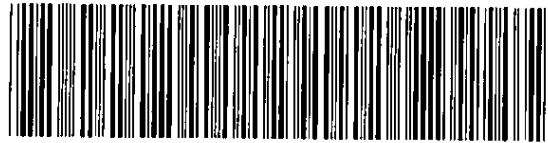
(Business Entity Name)

(Document Number)

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AUG 28 2024  
FILE

08/27/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L & J DESIGN GROUP LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA MARIE ROUNDTREE  
Name of Person

STUDIO NOCTURNAL INTERIORS  
Firm/Company

1070 CRYSTAL BOWL CIRCLE  
Address

CASSELBERRY, FL 32707  
City/State and Zip Code

LSAMARIE@THESTUDIO.NOCTURNAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA MARIE ROUNDTREE at ( 415 ) 715-1099  
Name of Person Area Code Daytime 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**

L & J DESIGN GROUP 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 06/03/24 and assigned  
Florida document number 124000250891

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1020 CRYSTAL BOWL CIRCLE  
CASSELBERRY, FL 32707

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1020 CRYSTAL BOWL CIRCLE  
CASSELBERRY, FL 32707

**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:

LISA MARIE ROUNDTREE

☒ New Registered Office Address:

1020 CRYSTAL BOWL CIRCLE

Enter Florida street address

CASSELBERRY

City

Florida

32707

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**

[illegible]

07 PM 2:00  
08 PM 2:00

8-20-24

**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.

Dated AUGUST 20TH 2024

*Sam Nore Rapetto*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LISA MARIE ROUND TREE  
Typed or printed name of signee

Typed or printed name of signee