

m24 000 006 604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

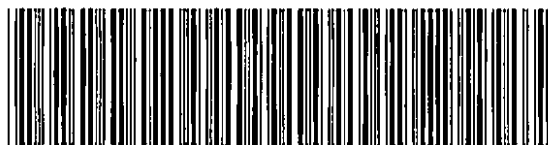
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/18/24--01010--013 **25.00

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24 JUL 12 AM 5:41
U.S. DEPT. OF JUSTICE
CIVIL RIGHTS DIVISION

July 9, 2024

Florida Dept. of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Subject: Studio M Interiors, LLC

Ref Number: M24000006604

Letter Number: 924A00014162

After receiving your letter dated 06/27/24, we are resubmitting the Application by Foreign LLC to File amendment Certificate of Authority to Transact Business in Florida forms for the principal and address change information for Studio M Interiors, LLC. This company is in fact a Foreign LLC in the State of Florida, as confirmed over the phone today with the Division of Corporations. Your letter number above and attached was misstated. Please apply the \$25.00 payment sent previously and on file to this amended filing. Should you have any questions or require further information, please contact me directly at 949-612-7114.

Best,

Annemarie Schultz
Account Coordinator, Jadestone Consulting, Inc.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the **name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company** authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- **The fees are as follows:**
 - \$25.00 Filing Fee**
 - \$30.00 Certified Copy (optional)**
 - \$ 5.00 Certificate of Status (optional)**
- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio M Interiors, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annemarie Schultz

Name of Person

Jadestone Consulting, Inc.

Firm/Company

899 Production Place

Address

Newport Beach, CA 92663

City/State and Zip Code

studiom@jadestoneconsulting.net

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

For further information concerning this matter, please call:

Annemarie Schultz

at (949) 612-7114

Name of Person

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Studio M Interiors, LLC

Enter new principal office address, if applicable: 14225 Hwy 55

Plymouth, MN 55447

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

Enter new mailing address, if applicable:

14225 Hwy 55

Plymouth, MN 55447

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

2. The Florida document number of this limited liability company is: M24000006604

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: 05/01/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

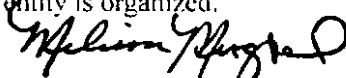
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cohen, Elizabeth	14225 Hwy 55	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55447	<input type="checkbox"/> Remove
MGR	Musgjerd, Melissa	14225 Hwy 55	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55447	<input type="checkbox"/> Remove
MGR	Graunke, Annie	14225 Hwy 55	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55447	<input type="checkbox"/> Remove
MGR	McCormick, Kristin	14225 Hwy 55	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55447	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Melissa Musgjerd, Manager

Typed or printed name of signee

Filing Fee: \$25.00