

L19 000 179 344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

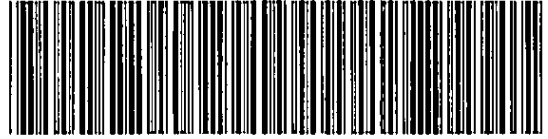
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/28/21--01034--008 **25.00

2021 JAN 23 AM 9:23
FILED

Q12 3/12/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDINA FURNITURE & HOME DECOR 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:

RHADAMES VARGAS
Name of Person

RV MULTI TAX SERVICES LLC
Firm/Company

5837 DAHLIA DRIVE
Address

ORLANDO, FLORIDA 32807
City/State and Zip Code

RVACCTAUSA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEYDI CHAVEZ at (407) 5393
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**

MEDINA FURNITURE & HOME DECOR 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 07/11/2019 and assigned Florida document number L19000179344.

This amendment is submitted to amend the following:

A. If amendment 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 "L.L.C."

Enter new principal offices address, if applicable:

3027 WHITE CEDAR CIRCLE

(Principal offices address MUST BE A STREET ADDRESS)

KISSIMMEE, FLORIDA 34741

Enter new mailing address, if applicable:

3027 WHITE CEDAR CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FLORIDA 34741

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

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 the statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed solely to 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	FRYDI CHAVEZ SANCHEZ	3027 WHITE CEDAR CIRCLE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	DENIS JOEL MEDINA MADRID	3027 WHITE CEDAR CIRCLE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

BUSINESS ADDRESS CHANGE

CHAVEZ CHANGE FORM MGR TO MBR.

BOTH MEMBER ADDRESS CHANGE

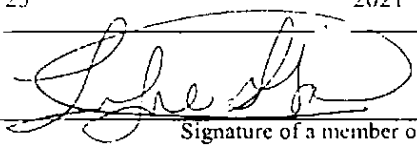
E. Effective date, if other than the date of filing: 01/25/2021 (optional)

(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 effective date on the Department of State's records.

If the record reflects 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 JANUARY 25 2021


Signature of a member or authorized representative of a member

FEYDI CHAVEZ SANCHEZ

Typed or printed name of signer