

6/1/23, 1:13 PM

Division of Corporations

**L210007781**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H23000199202 3)))



H230001992023ABC

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

From:  
Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC  
Account Number : I20210000123  
Phone : (321)315-9576  
Fax Number : (321)234-0285

**\*\*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  
FURNIKOURE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED  
2023 JUN 1 PM 1:13  
MIGUEL ROMER

2023 JUN 1 AM 10:54  
LLC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FURNIKOURE LLC - ADDRESS UPDATE**

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:

DAVID F ANDRADE ARISTIZABAL

Name of Person

FURNIKOURE LLC

Firm/Company

1610 W OSCEOLA PKWY

Address

KISSIMMEE FL 34741

City/State and Zip Code

DOCS@TAXTRAINERSINTL.COM

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

For further information concerning this matter, please call:

MIGUEL ROMER

321 315-9576

at ( )

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

FURNIKOURE 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 02/16/2021 and assigned Florida document number L21090079781.

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 "L.L.C."

Enter new principal offices address, if applicable:

1610 W OSCEOLA PKWY

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE FL 34741

Enter new mailing address, if applicable:

1610 W OSCEOLA PKWY

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE FL 34741

**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*

2023-06-01 17:21:52 GMT  
MIGUEL ROMER  
1610 W OSCEOLA PKWY  
KISSIMMEE FL 34741

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

NEA

Multiple horizontal dashed lines for amending information.

**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 JUNE 1ST

2023

Signature of member or authorized representative of a member

DAVID F ANDRADE ARISTIZABAL

Typed or printed name of signee