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EXAMINER



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08 JUN 23 PH 3: 5

DIVISION OF CORPCIATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHLAND PARK FURNITURE AND MATTRESS CLEARANCE CENTER, L. L.C.

(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:

	RONALD WALTER		
		(Name of Person)	<u>.</u>
		(Firm/Company)	
•	8907 KEY WEST ISLAN	D WAY	
		(Address)	
	RIVERVIEW, FL 33578		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	ali:	
RONALD WALTER	X	at (813) 833-1280	•
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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)

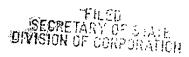
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

+

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



08 JUN 23 PM 3: 59

HIGHLAND PARK FURNITURE AND MATTRESS CLEARANCE CENTER L.L.C. (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 5/27/2003 Florida document number <u>L03000019425</u> 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: WALTER Name of New Registered Agent: 8907 KEY WEST ISLAND WAY New Registered Office Address: (Enter Florida street address) RIVERVIEW (City)

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			_
			Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
		e(s) here: (Attach additional sheets, if necessary.)	
	ange MGRM address to: 07 KEY WEST ISLAND WAY		
	VERVIEW, FL 33578		
_			_
Dated JUNE	<u>: 17</u> , 2809 8_	 -	

Page 2 of 2

Filing Fee: \$25.00