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, (R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(Ĉ	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
Special Instructions to	o Filing Officer:	

Office Use Only



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D. SCOTT JUN 1 3 2017

COVER LETTER

TO:	Registration Se Division of Con				
SUBJE	CCT:	Katzmans Ams Name of Limi	Antiques & Furnishing ted Liability Company	s uc	·
The end	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	·	•
Please	return all correspo	ondence concerning this matter t	to the following:		
		ЙE	THE LECATION, ESQ.		
			Name of Person		
			Firm/Company		
		PO.	Box 2083 Address	<u>.</u>	
		Houge	City/State and Zip Code	·	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1761c Q E-mail address: (i	o be used for future annual report notific	cation)	FILED # 9
For fun	ther information o	concerning this matter, please ca	II:	. ;	经2月日
	Alerra L	ECHINEN, ESR,	at (GSY) 457 Area Code Daytime	- 43.57 Telephone Number	ST. 20
					Specific Section 1981
Enclose	ed is a check for t	he following amount:			
៤ \$25	5.00 Filing Fce	□ \$30.00 Filing Fec & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Societified Copy (additional copy is	Status &
				li li	

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

KATEMENS Arms Ann (Name of the Limited Liability Compared to A Florida Limited Liability Compared to Local Annual Compare	mpany as it now appears of other Liability Company) any were filed on	UC records.) 30 2006	FILE D and assigned 9: 26			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2 godin Beach 6	Road, Suit Sarcious, To	+c 304 : 33410			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3355 Burr Prolin Beach	9355 Burns Reno Ste. 304 Porlin Beach Gardens, FZ 33410				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, <u>enter</u>	the name of the nev			
Name of New Registered Agent:						
New Registered Office Address:	3355 Bums Enter Florida stree	Rosto, Stc	. 304			
PALM B	erich Gurdens					

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

<u> Fitle</u>	Name	Address	Type of Action
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: If the date	e inserted in this	the date of filin must be specific an s block does not e Department of	meet the appl	icable statutory	or more than 90 filing requiren	(optional days after filing nents, this date) g.) Pursuant to 605. e will not be liste
		yed effective record is filed		ot an effecti	ve time, at	12:01 a.m.	
ed	June	_ 7	, <u>2017</u> [(kg)	Neel 4	. 600		9: 26
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Page 3 of 3

Filing Fee: \$25.00