## L080000033712

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## COVER LETTER

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	ma Trevis	o Furniture, LLC		
SUBJECT: _			ited Liability Company	<u>.</u>
The enclosed A	articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspo	ndence concerning this matter	to the following:	
		Laazar Arencibia		
			Name of Person	
		Irma Treviso Furniture, LL	.C	
		<u> </u>	Firm/Company	
		2190 NE 51st Ct #202		
			Address	<del></del>
		Ft Lauderdale FL 33308		
		<del> </del>	City/State and Zip Code	
		info@trevisokbf.com		(Control of the Control of the Contr
			to be used for future annual report notif	ication)
For further info	rmation c	oncerning this matter, please ca	all;	
Laazar Arencib	oia		305 6074522 at ( )	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a cl	heck for th	ne following amount:		
<b>■</b> \$25.00 Fili	ing 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)
	ng Addres stration S		Street Address: Registration Sec	ction
Divis	sion of C	orporations	Division of Cor	porations
	Box 632	7 FL 32314	The Centre of T	'allahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Irma Treviso Furniture, LLC

(Name of the Limited Liability Comps (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on March 5th, 2008 and assigned
Florida document number L08000023372	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
LA'AZAR A., LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2190 NE 51st Ct
(Principal office address MUST BE A STREET ADDRESS)	#202
	Ft Lauderdale, FL 33308
Enter new mailing address, if applicable:	P.O. Box 11903
Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 3339-1903
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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>	Name	Address	Type of Action
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			□Remove
	<del></del>		🗆 Add
			Remove
			© Change
			□Change
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ectiv	e date, if other than the date of filing:
effec	ctive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	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
	a.
s file	darch 8th, 2024
s file	
is file N	March 8th, 2024
is file	

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