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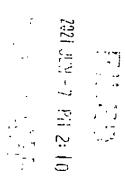
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## **COVER LETTER**

	Registration Se Division of Cor			;
our tra		ASS CONSIGNMENTS, LLC		·
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		JOSEPH MONMONIER,	IV	
			Name of Person	7021
		FIRST CLASS CONSIGN	IMENTS, LLC	7021 3071 - 7
			Firm/Company	
		2317 S TAMIAMI TRAIL		
			Address	2.
		VENICE, FL 34293		
			City/State and Zip Code	
		JMONMONIER@COMCA	AST.NET to be used for future annual report notif	·
For further	r information c	oncerning this matter, please c		ication)
	MONMONIER	•	941 408-8402	
Name of Person		at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	O Filing Fec	S30.00 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 Addres		Street Address:	etion
	Registration S Division of C		Registration Sec Division of Cor	
J	P.O. Box 632	27	The Centre of T	
•	Fallahassee l	FI 37314	7415 N. Montoe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CLASS CONSIGNMENTS, 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  $\frac{01/26/2009}{}$ and assigned Florida document number \_\_\_\_\_L09000009009 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIRST CLASS FURNITURE, LLC 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: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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.

City

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 M	ember

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00