L0900010006			
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	000188925620		
(Document Number)	12/27/1001047019 **25.00		
Certified Copies Certificates of Status	SECRE INRY OF STATE ALLAHASSEE, FLORIDA		
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EXAMINER

		COVER LETTER	
TO: Registration Secti Division of Corpo			
SUBJECT:	STRAP FUF	RNITURE USA LLC	
5000ECT:	· · · · · · · · · · · · · · · · · · ·	ted Liability Company	
•			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	ال	EFFREY D GILMORE	
	······	Name of Person	
		Firm/Company	<u>_</u>
	60	063 17TH STREET E	Per on ma
		Address	EC I
	BF	RADENTON FL 34203	ASSET P
		City/State and Zip Code	rog x C
· ·	E-mail address: (1	NN@ALUMATECH1.COM	ion)
For further information cond			U
JEFFRE	O GILMORE	at (_941_) 74	488880
Name of Pe	erson	Area Code & Daytime T	elephone Number
Enclosed is a check for the f	following amount:		
✓ \$25.00 Filing Fee []\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Division of P.O. Box (G ADDRESS: on Section of Corporations 6327 se, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle

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SFU, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" of the addreviation "LLC." Enter new principal offices address, if applicable: (Principal office address, if applicable: (Principal office address, if applicable: (Mailing address, if applicable: (Mailing address MAY 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 City Zip Code New Registered Agent's Signature, if changing Registered Agent: Phereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with	
ARTICLES OF ORGANIZATION OF STRAP FURNITURE USA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company were filed on _JANUARY 30, 2009_ and assigned Florida document numberL09000010006	ARTICLES OF AMENDMENT
OF STRAP FURNITURE USA LLC (Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company were filed onJANUARY 30, 2009 and assigned Florida document numberL09000010006 This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company</u> , "the designation "LLC" of the address for the new name of the limited Liability Company," the designation "LLC" of the address for address	то
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Florida document numberL0900010006	(A Florida Limited Liability Company)
Florida document numberL0900010006	The Articles of Oreanization function Limited Limited Limited Communications (NALLARY 30, 2009) and estimate
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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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

	0 0		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			_ Add _ Remove
			Add Remove
			Add Remove
			Add Remove

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

Dated _	December 24, 2010 Vermen del	SECRETARY OF STATE	10 DEC 27 PH 1:53	R F B B
	In a member of a member of authorized representative of a member JEFFREY D GILMORE			
	Typed or printed name of signee			
	Page 2 of 2			

Filing Fee: \$25.00