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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER OCT 31 2011

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations				
SUBJE	CT:	Studio 71 O	Studio 71 Office Furnishings, LLC		
			mited Liability Company		-
The end	closed Articles of	Amendment and fee(s) are	submitted for filing.		
Please 1	return all correspo	ondence concerning this mat	ter to the following:		
	Melanie Smith				_
			Name of Person		
		Studi	o 71 Office Furnishings,	LLC	_
			Firm/Company		
9360 Craven Road, Unit 1201 Address				201	20 S
					ECR LA
			Jacksonville, FL 32257	,	T 2
City/State and Zip Code  msmith@studio71.us  E-mail address: (to be used for future annual report notification)					B AN
					OCT 28 AM 8: 19 RETARY OF STATE AHASSEE, FLORID
For fur	ther information	concerning this matter, pleas		,	2011 OCT 28 AM 8: 19 SECRETARY OF STATE ALLAHASSEE, FLORIDA
	Sh	neila Wallace	at ( 904 )	827-9344	
		of Person		Daytime Telephone Numb	per
Enclose	ed is a check for t	the following amount:			
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi nclosed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations		

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Studio 7	1 Office Furnishings,	, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now apported Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liabil Florida document number		December 23, 20	09 and a	assigned
This amendment is submitted to amend the following	ng;			
A. If amending name, enter the new name of the	e limited liability company h	<u>iere</u> :		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Con	npany," the designation	"LLC" or th	e abbreviation
Enter new principal offices address, if applicable	e:	·	As to	3
(Principal office address MUST BE A STREET A	(DDRESS)		<u> </u>	3 11
	<del> </del>		ARY 6	Ď T
Enter new mailing address, if applicable:			<u> </u>	<b>3</b> .
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			o Yessi
			Dm 2	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter</u>	the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street ad	idress	
-		, Florida _		7
	City		Zip Co	<i>iae</i>

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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** Sheila L. Wallace 346 Circle Drive W ✓ Add St. Augustine, FL 32084 ☐ 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.) November 15 2011 Dated \_ Signature of a member or authorized representative of a member Sheila L. Wallace Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00