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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Functure Wholesales Lic Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George Brooks III
Floride Furniture Wholesalers UC
6715 66th St
Pinellas Park F7 33781
Fine (as Fart 73378) City/State and Zip Code Furniture gus out look.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Brooks III at 727 48 (-5185 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution See S

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

Florida Furnitura le	holesakes ILC
(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L/0000662-80</u>	ompany were filed on $6-22-10$ and assigned 6 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amounting the newletened arent and/on which	
b. It amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the n
	Cas nere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Floridu street address
	Florida
	City Zip Code

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 = Man AMBR = Aut	ager horized Member		
PR. 1. 3	Nome	Address	Type of Action
Member	George m Brook	Pinellas Park E	Add
		Pinellas Park 12.	3375 Remove
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te: If the date inserted in this block	ck does not meet the applicable s	statutory filing requirements,	this date will not be lis)5.0207 (3)(b) sted as the
rument's effective date on the Dep	partment of State's records.		100 mg	
record specifies a delayed he 90th day after the reco	effective date, but not an rd is filed.	effective time, at 12:0	1 a.m. on the earl	ier of:
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ded (-1-1)	ignature of a member or authorized			

Page 3 of 3

Filing Fee: \$25.00