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| Certified Copies | _ Certificates | s of Status |
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COVER LETTER

Registration Section TO: **Division of Corporations** Encore Furnishings Etcetera LLC 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: Marcy L. Rothman Name of Person **Encore Furnishings Etcetera LLC** Firm/Company 1000 Quayside Terrace #1104 Miami Florida 33138 City/State and Zip Code marcy@encoreintex.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $_{\rm at}$ $\frac{786}{556}$ $\frac{556}{3553}$ Marcy Rothman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ENCORE FURNISHINGS ENCORE TURNISHINGS (Name of the Limited Liability Compa | HINGS ETC | LLC |
|--|---------------------------------------|------------------------------|
| (A Florida Limited I | |)/2010 / |
| The Articles of Organization for this Limited Liability Company | 100 11 | and assigned |
| Florida document number <u>L 10000 104 195</u> / | , | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Encore TEXTILES LLC | | |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1000 Quayside Terrace | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami FL 33138 | EB 2 |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| B. If amending the registered agent and/or registered o | ffice address on our records. | enter the name of the new |
| registered agent and/or the new registered office address her | | <u> </u> |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | rida |
| | 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 ame'nding the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> **Type of Action** □ Add ____ □ Remove _____ Remove _____ □ Remove

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| f a member or authorized representative of a | member |
| of a member of authorized representative of a | *************************************** |
| | March 1, 2014 to date of receipt or filed date and cannot be m rtment of State) 2014 |

Page 3 of 3

Filing Fee: \$25.00

SECRUTARY OF STATE

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