U11000111510

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



800255270548

01/22/14--01026--007 **55.00

JAN 27 2014 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OLI Furniture, 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:		
Scott R. Vachon Sr		
Name of Person		
OLI Furniture, LLC		
Firm/Company		
1038 Arlington St		
Address		
Orlando, FL 32805	2014 Jah	! -
City/State and Zip Code	(a) (a)	,
accounting@floridadesks.com	22 22 22 22 22 22 22 22 22 22 22 22 22	; sem
E-mail address: (to be used for future annual report notification)	· -1	1-7
For further information concerning this matter, please call:		
Scott R. Vachon Sr 321 377-8084	- 12 32 - 12 32	
Name of Person Area Code & Daytime Telephone Number	r 📴	J

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

□\$30.00 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 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

OLI Furniture, LLC				
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our mited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Co	mpany were filed on 10/13/20)11	and assig	ned
Florida document number L11000117510	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
<u> </u>				
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the	designation "LLC"	or the abl	previation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>ESS)</u>	\$7 CO	2014	
		3 - 32		Į į
		1	12	p tian s. Sections
Enter new mailing address, if applicable:		ر من المراقع ا المراقع المراقع المراق المراقع المراقع المراق	. 12	j. 400.
(Mailing address MAY BE A POST OFFICE BOX)	-			Ę'.
(Muning undress MAT BE A POST OFFICE BOA)			. 53	
			$\frac{\omega}{\omega}$	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ords, enter the r	name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	rida street address		
		_, Florida		
	City	Z	ip 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 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

<u>Title</u>	Name	Address	ype of Action
SEC	Ryan K Vachon	1038 Arlington St	Add
		Orlando, FL 32805	Remove
			- Add
			Remove
	·· -	FA FINE - 240	Add
		1 195 2 195 2 197 2 197	Remove'
			Add
			
			Add
			Remove
			Add
			Remove

			 .	
r 5 ₇	, 2013			
	of a member or au	thorized rep	resentative of a	member
Vachon Sr				
	Typed or pr	inted name o	of signee	
	Signature of Vachon Sr	Signature of a member or at Vachon Sr Typed or pr	Signature of a member or authorized rep Vachon Sr	Signature of a member or authorized representative of a Vachon Sr Typed or printed name of signee

Filing Fee: \$25.00

2014 JAN 22 PH 12: 32