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C. LEWIS

JAN 2 2 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

FURNITI

FURNITURE IN THE BOX OF FLORIDA 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:

RON BOLDING

Name of Person

FURNITURE IN A BOX OF FLORIDA LLC

Firm/Company

3093 BELLWIND CIR

Address

ROCKLEDGE, FL., 32955

2012 Car 67 25317

City/State and Zip Code

LOIS@LFREDRICKS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOIS A FREDRICKS

₍321₎308-0660

Name of Person

Area Code & Daytime Telephone Number

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 ADDRÉSS:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BECRETARY, OF LEARING DIVISION OF CORRESPONDED

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FURNITURE IN THE BOX OF FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/14/2013}{1}$ ___ and assigned Florida document number <u>L130</u>00007012 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FURNITURE IN A BOX OF FLORIDA LLC The new name must be distinguishable and end with the words "Limited 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 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

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.

City

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 = Man MGRM = Ma	MGR = Manager MGRM = Managing Member					
<u>Title</u> .	<u>Name</u>	Address	Type of Action			
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D. If amending any other information, enter change(s) here:	Attach additional sheets, if necessary. ALL IND SHORETARY OF SOME OF S	ί, (ἐἦ խ.
	2013 JAN 18 PM 1:	
Dated JANHARY 15, 2013.		
Signature of a member or authorized	representative of a member	
RON-BOLDING Typed or printed na	no of cianna	
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Filing Fee: \$25.00