

L13000092828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

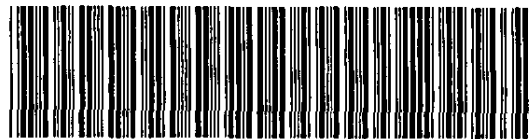
(Business Entity Name)

(Document Number)

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2013 AUG 20 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO 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:

JAMEL DALEY

Name of Person

PRO furniture LLC

Firm/Company

2959 NW 110 AVE

Address

SUNRISE FL, 33322

City/State and Zip Code

PROFURNITUREONE@GMAIL.COM

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

For further information concerning this matter, please call:

MARCIA SIMON

Name of Person

at (954) 601 6622

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRO FURNITURE LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2013 AUG 20 PM 1:06
CLERK OF DISTRICT COURT
JANUARY 2013
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Sept 15, 2013 and assigned
Florida document number L13000092828.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: 2959 NW 110 AVE
(Principal office address **MUST BE A STREET ADDRESS**) SUNRISE FL 33322

Enter new mailing address, if applicable: 22151 Bella Lago Dr
(Mailing address **MAY BE A POST OFFICE BOX**) #1102
Boca Raton FL 33433

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
_____, 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 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.

Jamel Daley
If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3 JAMEL DALEY

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARCIA SIMON	22151 Bella Lago Dr.	<input checked="" type="checkbox"/> Add
		# 1102	<input type="checkbox"/> Remove
		Boca Raton FL 33433	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
2015 AUG 20 PM 1:06
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated SEPT 15, 2013.

Jamet Daley
Signature of a member or authorized representative of a member

JAMET DALEY
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



[Signature]
8-15-13

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