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SECRUTARY OF STATE

La John Ja

COVER LETTER

TO:	Registration Se Division of Cor		<i>y</i> .				
emp te		FURNITURE PARTS, LLC					
SUBJE	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	etum all correspo	ondence concerning this matter	to the following:				
		JOHN M BULLARD JR					
			Name of Person				
			Firm/Company				
		600 WILLIAM ST #310					
			Address	·			
		OAKLAND, CA 94612					
			City/State and Zip Code				
		INFO@SWEDISHFURNIT					
□ c)	h ' Ca ama a l' a		to be used for future annual report no	uncanon)			
		oncerning this matter, please co					
JOHN !	M BULLARD JR		561 309-9334 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclose	d is a check for th	ne 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)			
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUF Registration Sect Division of Corp				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

FILED

2018 AUG 31 AM 11: 39

SWEDISH FURNITURE PARTS, LLC

NITURE PARTS, LLC

(Name of the Limited Liability Company as it now appears on our records) LAHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed	on OCTOBER 01, 2013	and assigned
Florida document number L13000138211		: · · · · ·	
This amendment is submitted to amend the following	<u>;</u> :		
A. If amending name, enter the new name of the l	limited liability compa	any here:	
FurnitureParts.com LLC			
The new name must be distinguishable and contain 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 AD	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	_	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		ess on our records, <u>ente</u>	r the name of the nev
New Registered Office Address:			
	En	ter Florida street address	
	City	Florida _	Zin Coda
No. 11 - internal America Company of shanging Designation	•		zip Civie
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist	d complete performan d agent as provided fo	nce of my duties, and I an or in Chapter 605, F.S. O	n familiar with and r, if this document is
company has been notified in writing of this chan		neren, emginnerim me	maca nazmy

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
	17-1-1-1-1-1-1-1-1		
			☐ Remove
			☐ Change
			🗆 Remove
			□ Change
			☐ Remove
			☐ Change
			□ Add
			🗀 Remove
			□ Change

		
_		
(If an effect Note: If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 0th day after the record is filed.	f:
Dated		
	N. D. D. March	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00