# L13000174842

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
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JAN = 9 2014 T. BROWN

# COVER LETTER

TO:

Registration Section
Division of Corporations

# Knot Too Shabby Chic Custom Funriture, LLC

SUBJECT:

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:

# Jenn Roberson

Name of Person

Knot Too Shabby Chic Custom Furniture, LLC

Firm/Company

1054 E. Venice Ave

Address

Venice, FL 34293

City/State and Zip Code

jennroberson07@gmail.com

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

For further information concerning this matter, please call:

Jenn Roberson

\_678\_502.8962

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 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

TASECRESSEE STORIGHTS

### Knot Too Shabby Chic Custom Funriture, LLC

The Articles of Organization for this Limited Lightlity Corporate were filed on 12/19/2013

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

The Parkins of Organization for this Littlied Lighting Compan	A mere tifen mi 121-2	wift westering	
Florida document number L13000174842			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Knot Too Shabby Chic Custom Furniture, LL	.C		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Same Address		
(Principal office address MUST BE A STREET ADDRESS)			
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	Same Address		
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ords, enter the name of the new	
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 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 amending 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:

tle	<u>Name</u>	Address	Type of Action
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D.	If am	ending any other in	nformation, enter change(s) here: (Attach additional sheets, if nec	essary.)
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E. (If	Effec an eff	tive date, if other the	han the date of filing: (opti the date must be specific and cannot be more than 90 days after filing	onal) g.) (605.0207 (3)(b)
Da	ted	Dec. 30	, 2013	
			Skolerson	
		AM 1.00 TO	Signature of a member or authorized representative of a member	
			Jenn Roberson Typed or printed name of signee	
			The state of signed	

Page 3 of 3

Filing Fee: \$25.00