L14000098885

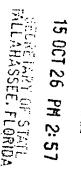
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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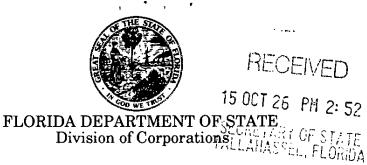
COVER LETTER

Division of Cor	
Fine Line I SUBJECT:	Furniture LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Angel Rodriguez
	Name of Person
	Fine Line Furtniture LLC
	Firm/Company
	1751 Business Center Lane
	Address
	Kissimmee, FL 34758
	City/State and Zip Code
	finelinecf@hotmail.com E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Angel Rodriguez	407 219-2583 at ()
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



October 13, 2015

ANGEL RODRIGUEZ 1751 BUSINESS CENTER LANE KISSIMMEE, FL 34758 US

SUBJECT: FINE LINE FURNITURE L.L.C.

Ref. Number: L14000098885

We have received your document for FINE LINE FURNITURE L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00021701

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fine Line Furniture LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited L lorida document number L14000098885	iability Company	were filed on June/20/2014	and assigned
nis amendment is submitted to amend the following	owing:		
. If amending name, enter the new name o	f the limited liab	ility company here:	
	<u>-</u>		
ne new name must be distinguishable and contain the v	words "Limited Liabi		r the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	1751 Business Center LN	
rincipal office address MUST BE A STREI	ET ADDRESS)	Kissimmee, FL 34758	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1751 Business Center Lane Kissimmee, FL 34758	15 0C
		resolution, 12 3 17 30	DCT 26
			(F) C: 20 (F)
If amending the registered agent and gistered agent and/or the new registered o	or registered o ffice address her	ffice address on our records, <u>e</u> :	enter the coname of the r
Name of New Registered Agent:	 		
New Registered Office Address:	1751 Business	Center Lane	
		Enter Florida street address	
	Kissimmee	, Flori	ida <u>34758</u>
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
Title AMBR AMBR	Neuly Rodriguez	615 Rosaro Ct. Kissimmee, FL 347	
			□ Remove
			☐ Change
AMBR	Maribel Rodriguez	1 Alicante Ct. Kissimmee, FL 3475	□ Add
			Remove
			Change
			SELLAHASSE Change
			PR C Remove
			□ Change
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Effective date, if other than the	e date of filing: 10/09/2015	(optional)	0.5.0007.10
Note: If the date inserted in this b document's effective date on the E	ast be specific and cannot be prior to date of filing or molock does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be li	sted as th
the record specifies a delaye) The 90th day after the rec	ed effective date, but not an effective to cord is filed.	ime, at 12:01 a.m. on the ear	lier of:
Dated	. 12:01 Am		
$\overline{\Omega}$	MA		
	Signature of authorized representative	oi a member	
Angel Rodriguez	•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00