

L14 0000 98885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300287347933

06/30/16--01004--024 \*\*30.00

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 1:08

JUL 01 2016  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fine Line 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:

Angel Rodriguez

\_\_\_\_\_  
Name of Person

Fine Line Furniture 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)

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 1:08

For further information concerning this matter, please call:

Angel Rodriguez

407 219-2583

at ( )

\_\_\_\_\_  
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**

Fine Line Furniture 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 06/20/2014 and assigned  
Florida document number L14000098885.

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 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 1:09

**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: Oniel Nicolas Rodriguez

New Registered Office Address: 615 Rosaro Ct.

*Enter Florida street address*

Kissimmee, Florida 34758  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Oniel N. Rodriguez	615 Rosaro Ct. Kissimmee FL	<input checked="" type="checkbox"/> Add
		34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ottaviani Rodriguez	1 Alicante CT. Kissimmee, FL	<input type="checkbox"/> Add
		34758	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 09

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Ottaviani Rodriguez is not part of the Company.

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 1:09

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

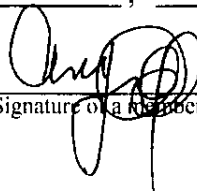
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 05/01/16, 12:00 pm

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Angel Rodriguez

\_\_\_\_\_  
Typed or printed name of signee