L14000 105372

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COVER LETTER

TO:

FO: Registration Section Division of Corporations	
SUBJECT: Florida Life Furni Name of Limite	twe and Lamps LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
, S	5
Angie 1	M. Snith Name of Person
	Firm/Company
101 Shady	Branch Trail Address
Ormand (Beach, FL 32174 City/State and Zin Code
anaiemaya	1. C. ma.c. com
Email address: (to	be used for future annual report notification)
For further information concerning this matter, please cal	
Angie m Smith	at(386) 871-0800 & T
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS:
Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	vas it now appears of iability Company)	nour records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000105372</u> .	were filed on <u>U</u>	dy 02,	2014 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
Florida Coastal Furniture The new name must be distinguishable and contain the words "Limited Liabili		gnation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		N ↑ ur records,	enter the name of the new
Name of New Registered Agent:	•		
New Registered Office Address:	N Enter Florida	street address	
	City	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	- "",		<i></i>
I hereby accept the appointment as registered agent and agre	e to act in this cap	pacity. I furt	her agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 $AMBR = A$	anager uțhorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			Add
			Remove
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effective date is listed, the street of the date inserted iment's effective date ecord specifies a	han the date of filing date must be specific and in this block does not on the Department of delayed effective	nd cannot be prior to dat meet the applicable : State's records. date, but not an	e of filing or more tha statutory filing requ	n 90 days after filing. irements, this date	will not be	e listed
he 90th day after	the record is filed		·			
ed June	30 th	, 2016.				
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Filing Fee: \$25.00