LIHIOTTO 374

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

AUG 28 2015 BRUCE

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Brand New	Second Hand LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jeremiah Greer			
	Name of Person				
		Top Drawer Furniture			
		1955 Northgate Blvd			
		Sarasota, FL 34234			
		rebekah@trueocean.com	to be used for future annual report notific	ation)	
For further in	nformation co	oncerning this matter, please c	·	actory	
Jeremiah Gr	eer		941 877-1381 at ()	TAS 2	
	Name of	Person	Area Code Daytime T	Celephone Number ALL AHASSEE	
Enclosed is a	check for th	e following amount:		27 SSEE.	
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Copy (additional copy is melosed)	
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
Top Drawer Furniture 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 AL	DDRESS)
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the raddress here</u> :
Mari Danistana I Office Addis.	≥ ′∞ ••
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida Sip Code
New Registered Office Address: New Registered Agent's Signature, if changing Regist	City , Florid S Sip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
		-	☐ Change
			Add
			Remove
			Change
		-	Add
			☐ Remove
			□ Change
			□ Remove
			SECRETARY OF PALLAHASSEE, FL
		1-14/	SEE, FLORIDA
			□ Change
			Add
			☐ Remove
			□ Change

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ective date, if other than the effective date is listed, the date mi	e date of filing: ust be specific and ca	annot be prior t	o date of filing or	more than 90 days	optional)	ursuant to 605 02
te: If the date inserted in this tument's effective date on the l	lock does not med	et the applica	ble statutory fili	ng requirements	s, this date wi	ll not be listed a
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record specifies a delaye	d effective dat	te, but not	an effective	time, at 12:	01 a.m. or	the earlier
he 90th day after the re	cora is filea.					
ed August 25	_	2015				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00