L15000040741

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	ECT: Victorian Rose Furniture Renewal, LLC Name of Limited Liability Company
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Michel Clancy Name of Person
	Victorian Rose Furniture Ronawal LLC Firm/Company
	2001 Cattleman Rd Unit 106
	Sarasota, FL 34232 City/State and Zip Code
	Victorian rose furniture @ comcastinet E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Michel Clancy at (QUI) 371-1942 Name of Person Area Code Daytime Telephone Number
Enclos	red is a check for the following amount:
A \$2:	5.00 Filing Fee

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

Molol exacutive center cir. Tallahassee 32301

July 14, 2015

MICHEL CLANCY 2001 CATTLEMAN RD UNIT 106 SARASOTA, FL 34232

SUBJECT: VICTORIAN ROSE FURNITURE RENEWAL, LLC

Ref. Number: L15000040741

We have received your document for VICTORIAN ROSE FURNITURE RENEWAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 515A00014725

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Victorian Ros	EFUNITURE Liability Company as it now app	ears on our records.)	LC	
The Articles of Organization for this Limited Liabi Florida document number <u>L1500004074</u>	lity Company were filed on	March 5th 20	5 and assig	ned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company	here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," th	e designation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	x)			
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter	the name of	the new
Name of New Registered Agent:	Duke Cla	incy		
New Registered Office Address:	·····			
sameodd	Enter F	lorida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			☐ Remove
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Filing Fee: \$25.00