L160000083097

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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COVER LETTER

| Divisi | ion of Corpo | orations / | | | |
|--------------------------|-----------------------------------|--|---|---|----------|
| SUBJECT: _ | Family Furni | ture & Goods | | | |
| SUBJECT: _ | Name of Limited Liability Company | | | | |
| The enclosed A | Articles of A | mendment and fee(s) are sub- | mitted for filing. | | |
| Please return a | ill correspond | dence concerning this matter | to the following: | | |
| | | Kristin Rosendale | | | |
| | Name of Person | | | | |
| Family Furniture & Goods | | | | | |
| Firm/Company | | | | | |
| | 325 W. Dixie Highway | | | | |
| | | | Address | | |
| | | Dania, FL 33004 | | | |
| | | | City/State and Zip Code | | |
| | | krisitnrosendale@me.com | | 17. | 2 |
| For further info | ormation cor | re-man address: (i | to be used for future annual report notifi all: | ication) | |
| Kristin Roseno | dale | | 786 439-8200 at () | 67. (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | |
| | Name of I | Person | Area Code Daytime | Telephone Number | = |
| | | | | | 22 |
| Enclosed is a c | check for the | following amount: | | • | |
| ■ \$25.00 Fili | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing For Certificate of S Certified Copy (additional copy is | Status & |

MAILING ADDRESS:

TO:

Registration Section

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

| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | | | |
|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000083097</u> | were filed on 04/27/2016 and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 1496 W. Dixie Highway | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Dania, FL 33004 | | | |
| Enter new mailing address, if applicable: | 1496 W. Dixie Highway | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Dania, FL 33004 | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | | | |
| New Registered Office Address: | 20 | | | |
| | Enter Florida street address , Florida | | | |
| | City Florida Zip Code | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | | | | |

If Changing Registered Agent, Signature of New Registered Agent

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 = | Manager | |
|--------|------------|-------|
| AMBR = | Authorized | Membe |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|---------|----------------|
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| If amending any other information, | enter change(s) here | : (Attach additiona | al sheets, if nece | essary.) | |
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| Effective date, if other than the date If an effective date is listed, the date must be sometimes. If the date inserted in this block document's effective date on the Department. | pecific and cannot be prior loes not meet the application. | to date of filing or more able statutory filing re | | filing.) Pursuant to | |
| ne record specifies a delayed effo The 90th day after the record i | | t an effective tim | e, at 12:01 a | a.m. on the ea | arlier of |
| Dated September 22nd | 2016 | | | | |
| Klusm | da di member or autho | orized representative of | a member | | _ |
| Kristin Rosendale | Vi a mondo Vi adilit | Topicoonumive OI | | 8 OCT | E E |
| | Typed or printe | ed name of signee | | | - |
| | Page | 3 of 3 | | P 4: 22 | |

Filing Fee: \$25.00