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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER _

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations		
SUBJECT: Southern Comfort	Home Furnishings & Deco Name of Limited Liability Company	r. LLC
The enclosed Articles of Amendment and Please return all correspondence concerni	_	
	M. Thompson	
Sout	Name of Person thern Comfort Home Furnis Firm/Company	hings & Decor, LLC
3103	9 Morning Dove Drive Address	
	ksville, Florida 34602 City/State and Zip Cod	•
For further information concerning this n	ner brown 010 yahoo.com -mail address: (to be used for future annua -matter, please call:	ıl report notification)
Dane M. Thompson Name of Person	at (<u>863</u>) _ Area Code	944-2210 Daytime Telephone Number
Enclosed is a check for the following ame	ount:	•
\$25.00 Filing Fee \$30.00 Fil Certifica	ing Fee &	Certificate of Status &
MAILING ADDRESS Registration Section		ET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Comfort (Name of the Limited (A	Home Furni Liability Company Florida Limited Lia	shings & De y as it now appear ability Company)	cor, LLC s on our records.)			
The Articles of Organization for this Limited Liab	ility Company w	rere filed on <u>J</u>	uly 19, 2016, and assigned			
Florida document number <u>L16000135650</u>	·					
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	ne limited liabili	ity company he	<u>re</u> :			
Our Country House, LLC	ts "Limited Liability	v Company " the de	esignation "LLC" or the abbreviation "LLC"			
Enter new principal offices address, if applicab		, ,				
(Principal office address MUST BE A STREET.		Brooksville, Florida 34602				
Enter new mailing address, if applicable:		31039 Morning Dove Drive				
(Mailing address MAY BE A POST OFFICE BO	ng name, enter the new name of the limited liability company here: untry House, LLC ust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: size address MUST BE A STREET ADDRESS) Brooksville, Florida 34602 Brooksville, Florida 34602 Brooksville, Florida 34602 Brooksville, Florida 34602 ling the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here: e of New Registered Agent:					
			our records, enter the name of the nev			
New Registered Office Address:	180 South					
	Enter Florida street address					
	Bartow		, Florida <u>33831</u>			
New Registered Agent's Signature, if changing Reg	istered Agent:	City	Zip Code			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper						

If Changing Registered Agent, Signature of New Registered Sent

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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 liesilities

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 Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
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effective of	te, if other than date is listed, the date	i the date of fil e must be specific	and cannot be pri	or to date of filing (or more than 90 days	o ptional) after filing.) Purs	uant to 6(05.0
<u>e:</u> If the iment's c	date inserted in the	iis block does no he Department (of meet the appl of State's record	icable statutory fi ls.	iling requirements	, this date will r	not be lis	sted
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Filing Fee: \$25.00