

L16000222439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800292857338

800292857338
12/13/16--01014--033 **25.00

FILED
2016 DEC 13 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC 14 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA MURPHY BEDS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph D Finnemore

Name of Person

USA MURPHY BEDS, LLC

Firm/Company

4625 N Manhattan Ave

Address

Tampa, Florida 33614

City/State and Zip Code

joey@usamurphybeds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph D Finnemore

813

872-7239

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

USA MURPHY BEDS, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2016 DEC 13 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/8/2016 and assigned
Florida document number L16000222439.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

USA MURPHY BEDS CABINETRY, 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph D Finnemore	4625 N Manhattan Ave	<input checked="" type="checkbox"/> Add
		Tampa Florida 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer M Schreiner	4625 N Manhattan Ave	<input type="checkbox"/> Add
		Tampa Florida 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Laura A Finnemore	4625 N Manhattan Ave	<input type="checkbox"/> Add
		Tampa, Florida 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2005 DEC 23 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2016 DEC 13 PM 5:18
CLERK OF DISTRICT COURT
STATE OF FLORIDA
PALLAHAI

E. Effective date, if other than the date of filing: 12/12/ 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

12/12/16

Signature of a member or authorized representative of a member

Joseph D Finnemore

Typed or printed name of signee