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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ermillion's F-	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Paul	Vermillion Name of Person	
	Vermil	lion's Furniture Firm/Company	LLC
	5042 H	WY 17 Address	
	Deleon	Springs FL	32130
	Paulse.rw E-mail address:	Springs FL City/State and Zip Code Cillian 277@ 9w to be used for future annual report notifi	lail.com
For further information co	ncerning this matter, please co		
Paul Ver	million	at (386) 444. Area Code Daytime	-1510
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

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

Vermillion's	turnitu			
(Name of the Limited	Liability Company a Florida Limited Liab	s it now appears on a lity Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number		re filed on	4-6-20	17 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability (Company," the designation	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	de:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:	_		C C	THAY 23
(Mailing address MAY BE A POST OFFICE BOX)		,·, ·		-
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, ente	the name of the nev
Name of New Registered Agent:	Paul	Vermil	lion	
New Registered Office Address:	339	Fishing Enter Florida st	reet address	
	Dela	City	, Florida _	32720 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

Title	uthorized Member <u>Name</u>	Address Type of Acti
MGR	Paul Vermillion	339 Fishing Ln. Deland Fl32720 FAdd
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Page 3 of 3

Filing Fee: \$25.00