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COVER LETTER

TO:	Registration Se Division of Cor			
		furniture LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Paul Vermillion		
			Name of Person	
		Vermillions Furniture		
			Firm/Company	·-·
		5042 US Hwy. 17		
		 	Address	
		DeLeon Springs, Fl. 32130)	
			City/State and Zip Code	
		paulvermillion277@gmail.c		
		E-mail address: (to be used for future annual report notifi	ication)
For fi	urther information c	oncerning this matter, please ca	all:	
Paul	Vermillion		386 444-1510	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne 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, F1, 32301

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

Vermillions Furniture LLC		
(Name of the Limited) (A	Liability Company as it now appears on our i Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi		and assigned
This amendment is submitted to amend the following	ing:	,
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	ت پ
Vermilions Furniture And Decor LLC		17 (
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	le:	20
Principal office address MUST BE A STREET A		: 7 M
		ن ن
		. # O
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	C .	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

١

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 $AMBR = A$	Manager = Authorized Member				
<u>Title</u>	Name	Address	Type of Action		
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			□ Remove		
			□ Change		
			□ Remove		
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n effec <u>ste:</u> If	e date, if other than tive date is listed, the date If the date inserted in thi at's effective date on th	must be specific and is block does not m	cannot be prior to neet the applicat	date of filing or	more than 90 days	optional) after filing.) Pursi this date will r	uant to 605.0207 not be listed as
	ord specifies a dela 90th day after the		ate, but not	an effective	time, at 12:0)1 a.m. on tl	he earlier of
	0/17/2017						
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Filing Fee: \$25.00