117000078119

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor		,	
~		Furniture And Decor LLC		
SUB.	JECT:	Name of Limi	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter t	to the following:	
		Paul Vermillion		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Vermilions Furniture And I	Decor LLC	
			Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		5042 US Hwy. 17		
			Address	
		Deleon Springs, FL 32130		
			City/State and Zip Code	
		paulvermillion277@gmail.c		
			to be used for future annual report notific	cation)
For f	urther information co	oncerning this matter, please ca	all:	
Paul	Vermillion		386 4441510 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
				,
Encl	osed is a check for th	ne following amount:		
₽ 5	\$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

vernanous runnture And Decor LEC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17000078119	were filed on 4-6-2017	_ and ass	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Vermillions Furniture And Decor LLC				
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and	ity Company," the designation "LLC" or the abbre	viation "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 of	South Daytona, FL	321	19 19	
registered agent and/or the new registered office address here		c maine	<u>vi jii</u>	IIC W
Name of New Paristand Aposts		e le se	T.	
Name of New Registered Agent:			8	 -
New Registered Office Address:	Enter Florida street address	<u> </u>		
	Liver Profession Street Causes		~ 3	7. 1
	, Florida	Zip Code	***	
New Registered Agent's Signature, if changing Registered Agent;	 ,	1	÷.	.,
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree	to comp	lv wit	h the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if	uliar wit this docu	h and iment	

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
		**************************************	// □ Remove
			Change
		 	□ Add Remove
		 	Remove
			☐ Change
			Add
			☐ Remove
			☐ Remove
			Change

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Filing Fee: \$25.00