## L17000093549

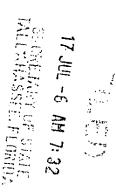
(Re	equestor's Name)	
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## **COVER LETTER**

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Division of Corp			
SUBJECT:	American Furn Name of Limit	niture Direct LL ed Liability Company	<u>C</u>
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Thu/mes	Prince Name of Person	
	America	Funitue Direct L Firm/Company	LC.
	4965 Rulph	Miller Rd. Address	<u></u>
	Saint Cloud	City/State and Zip Code  Jure direct av O gme be used for future annual report notific	771
	E-mail address: (to	Hure direct 2v O gme be used for future annual report notific	ail. com
For further information co	oncerning this matter, please cal	II:	
Tha mrs Name of	Person	at ( <u>407</u> ) <u>8/8</u> Area Code Daytime	2334 Telephone Number
Enclosed is a check for th	e following amount:	,	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

American Furnity, e (Name of the Limited Liability Compa	Direct LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	27 and assigned
Florida document number <u>L170000 93549</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
N/n		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	MA	
Enter new mailing address, if applicable:	<del> </del>	
Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of	fire address on our records ent	or the name of the nev
registered agent and/or the new registered office address here		the name of the nev
		58 Z
Name of New Registered Agent:		
Navy Bagistanad Office Adduses	N/n	on Fin
New Registered Office Address:	Enter Florida street address	T I
	, Florida	5
	City , Florida	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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bruno DiPaolo Cavic	chia 4965 Ralph Miller Rd.	🗖 Add
		Saint Cloud, Florida 347	7 / □ Remove
			Change
AMBR	Giovanna Colangelo		Add
			☐ Remove
			Change
<u>AMBR</u>	Edwin Pratts		🗆 Add
			□ Remove
			Change
AMBR	Thalmus Prince		🗆 Add
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ee	date, if other than the da	te of filing: specific and canr	not be prior to date of	filing or more than 90	(optiona ) davs after filir	el) ng.) Pursuant to	605.020
ffective	e date is listed, the date must be	does not meet	the applicable stati	utory filing requirer	nents, this da	te will not be	listed a
<u>lote:</u> If t	he date inserted in this block						
<u>lote:</u> If t	we date is listed, the date must be the date inserted in this block is effective date on the Depa	rtment of State'	's records.				
<u>lote:</u> If t	he date inserted in this block	rtment of State	's records.				
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Filing Fee: \$25.00