L17000223532

(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
(Ac	idress)	.
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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11/12/20--01025--028 **60.00

DEC 1 7 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Carty'S Furniture		
Name of Limited	Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to t	he following:	
Carly Ma	Name of Person	
		
	Firm/Company	
_3663 mar	LOU LONE, Address	
<u>melbourn</u>	e, FL 32934	···
	City/State and Zip Code Niture Quahan. Cor e used for future annual report notification	<u> </u>
For further information concerning this matter, please call:	-	
Carly Martin Name of Person	at (381) 339-71 Area Code Daytime Telep	phone Number
Enclosed is a check for the 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carlo's Fu	niture LLC		7820 KK	
(<u>Name of the Edmited Liabil</u> (A Florid	ity Company as it now app a Limited Liability Compan	oears on our records.) y)	N 1	5
The Articles of Organization for this Limited Liability (Company were filed on	10-27-17	an d a ssigned	: '}
Florida document number <u>L17400223532</u>			5: 1:2	,
This amendment is submitted to amend the following:			2	
A. If amending name, enter the new name of the lin	iited liability company	here:		
Lush Lox LLC				
The new name must be distinguishable and contain the words "Lir	nited Liability Company," th	ie designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3663	Mary Low	Lane	
Principal office address MUST BE A STREET ADD	ressi Melbo	urne, OFL 3	<u> </u>	<u>_</u>
	_(until	Storefront is	rented)	
Enter new mailing address, if applicable:	3663	Mary Lou 1	ane	
(Mailing address MAY BE A POST OFFICE BOX)	melbo	urne, FL 3	ane 52934	
	<u>-</u>			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on ou	r records, enter the	name of the new regi	<u>sterec</u>
Name of New Registered Agent:	ime			
New Registered Office Address:				
	Enter l	Florida street address		
		, Florid		
	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>	Type of Action
N/A			□Add
			□Remove
			Change
			□Add
			□Remove
· 			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	Store front / location for new business has
	not yet been sojected, so my home address
	is currently where I will receive any
	correspondence regarding this request for a
-	business name-change. Thank you!
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fect	ive date, if other than the date of filing: 1-1-2021 (optional)
n en	fective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
ecor is fil	d 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
15 111	
ted	11-9-20
	\mathcal{A}
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Carly M. Martin Typed or printed name of signee
	yped or printed name of signee

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