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| PICK-UP                 | ☐ WAIT            | MAIL          |
| (Bu                     | siness Entity Nan | ne)           |
|                         |                   |               |
| (Do                     | cument Number)    |               |
|                         |                   |               |
| Certified Copies        | _ Certificates    | of Status     |
|                         |                   |               |
| Special Instructions to | Filing Officer:   |               |
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# JEFFREY S. BOVARNICK ATTORNEY AT LAW 150 E. PALMETTO PARK ROAD, STE. 350 BOCA RATON, FL 33432

(561) 465-9969

jb a Bovarnicklawgroup.com

\*Jeffrey Bovarnick, Esq. Admitted to practice law in FL and MA

April 13, 2021

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ACQUAVIVA FURNITURE SERVICE, LLC

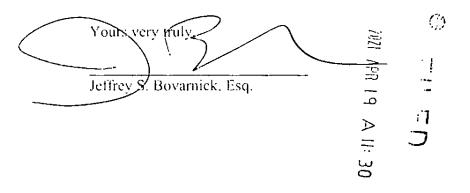
Dear Sir/Madam:

Enclosed are the following:

- 1. Articles of Amendment; and
- 2. A \$25.00 check to cover the filing fee.

The company is removing Grace Acquaviva as the Manager and inserting Steven Acquaviva as the sole Manager.

Kindly process and file the same in your ordinary course.



### **COVER LETTER**

| TO: Registration<br>Division of C |  |  |                                     |
|-----------------------------------|--|--|-------------------------------------|
| ACQUA                             | VIVA FURNITURE SERVICE,                      | LLC  |                                     |
| SUBJECT:                          | Name of Lin                                  | nited Liability Company  |                                     |
| The enclosed Articles             | of Amendment and fee(s) are sub              | omitted for filing.  |                                     |
| Please return all corres          | spondence concerning this matter             | to the following:  |                                     |
|                                   | Jeffrey Bovarnick, Esq.                      |  |                                     |
|                                   | ····   | Name of Person   |                                     |
|                                   | Boyamick Law                                 |  |                                     |
|                                   |  | Firm/Company   |                                     |
|                                   | 150 E. Palmetto Park Road                    | d. Suite 350   |                                     |
|                                   |  | Address  |                                     |
|                                   | Boca Raton, FL 33432                         |  |                                     |
|                                   | jb@bovarnicklawgroup.cor                     | City/State and Zip Code  |                                     |
|                                   | • •  | (to be used for future annual report notification)   |                                     |
| For further information           | n concerning this matter, please c           | all:   |                                     |
| Jeffrey Bovarnick                 |  | 561 465-9969<br>at()   |                                     |
| Nam                               | e of Person                                  | Area Code Daytime Telephone Number   |                                     |
| Enclosed is a check to            | r the following amount:                      |  |                                     |
| ■ \$25.00 Filing Fee              | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Cotadditional copy                            | of Status & opy<br>opy is enclosed) |
|                                   |  |  | , 1887<br>O                         |
| P.O. Box 6                        | n Section<br>`Corporations                   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | © — 11                              |

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ACQUAVIVA FURNITURE SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limite   | d Liability Company)                                       |  |                                   |  |  |  |
|---|--|--|-----------------------------------|--|--|--|
| The Articles of Organization for this Limited Liability Comparellorida document number $\frac{L18000006874}{L18000006874}$ .  | ny were filed on 01/08/2018                                |  | and assigned                      |  |  |  |
| This amendment is submitted to amend the following:   |  |  |                                   |  |  |  |
| A. If amending name, enter the new name of the limited lis  | ability company here:                                      |  |                                   |  |  |  |
| The new name must be distinguishable and comain the words "Limited Lia  | bility Company," the designation                           | "LLC" or the abbrev  | riation "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 offic agent and/or the new registered office address here:  Name of New Registered Agent:   | e address on our records, <u>e</u>                         | enter the name of  | the new registered                |  |  |  |
| New Registered Office Address:  | Enter Florida street address                               |  |                                   |  |  |  |
|   |  | , Florida  | <i>(?</i> )                       |  |  |  |
| ·   | Ciţ  |  | Sip & ode                         |  |  |  |
| New Registered Agent's Signature, if changing Registered Ager   | nt:  |  | 1 AP                              |  |  |  |
| I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change. | to performance of my dutics<br>s provided for in Chapter ( | es, and I am fam<br>605, F.S. Or, if to<br>m that the limite | itfar with and<br>his document is |  |  |  |
|   |  |  |                                   |  |  |  |

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>      | Address                     | Type of Action  |
|--------------|------------------|-----------------------------|-----------------|
| MGR          | Steven Acquaviva | 1425 SW 1ST COURT, 22-23    | <b>=</b> Add    |
|              |                  | Pompano Beach, Fl. 33069    | □Remove         |
|              |                  |                             | □ Change        |
| MGR          | Grace Acquaviva  | 8332 SUNMEADOW LANE         | □Add            |
|              |                  | BOCA RATON, FL 33496        | ■Remove         |
|              |                  |                             |                 |
|              |                  |                             | □Add            |
|              |                  |                             | □ Remove        |
|              |                  |                             | Change          |
|              |                  |                             | □Add            |
|              |                  | Add   BOCA RATON, Fl. 33496 |                 |
|              |                  |                             | Change □ Change |
|              |                  |                             |                 |
|              |                  | <del></del>                 | D □Remove       |
|              |                  |                             | — □Change       |
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| ective date, if other than   | the date of fili   | ng:                 |                   |                    | (optional)        |                 |     |
| neffective date is listed, the date te: If the date inserted in th | must be specific a | ind cannot be prior |                   | r more than 90 day | 's after filing.) |                 |     |
| rument's effective date on the                                     |                    |                     |                   | mg requiremen      | in this date      | viii not be not |     |
|  |                    |                     |                   |                    |                   | 2               | 0   |
| ecord specifies a delayed effo                                     | ective date, but n | ot an effective t   | ime, at 12;01 a.i | n, on the earlier  | of: (b) The       |                 |     |
| s filed.   |                    |                     |                   |                    |                   | AFFR            | . } |
| April 13   |                    | 2021                |                   |                    |                   | .0              | •   |
| sed Ann 15   |                    |                     |                   | (                  |                   | A               | Ĩ   |
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|  |                    | a member or auth    |                   |                    | ATTORN            |                 |     |

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