## 118000042355

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J. HARRIS

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ		l Furniture Group, LLC		
уову.	EC1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	<del>-</del>	
Please	return all correspon	ndence concerning this matter	to the following:	
		Darin Wade Mellinger, Esq	juire	
			Name of Person	<del> </del>
		Mellinger LLP		
			Firm/Company	
		1200 North Federal Highw	ay, Suite 200	
			Address	
		Boca Raton, Florida 33432		
		lope@dresourcecenter.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Darin	Wade mellinger		561 210-8570 at ()	Telephone Number
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>5</b> \$2	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

International Furniture Group, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		_	
The Articles of Organization for this Limited Liability Company w Florida document number L18000042355	ere filed on February 16, 2018	an	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company here:			
Furniture Group International LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviatio	n "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		· <u>.</u> ·	D.5.	
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		* **	122	-suran
Enter new mailing address, if applicable:			01 Pr3	Fure.
(Mailing address MAY BE A POST OFFICE BOX)				·
		1	<u></u>	•
-		TANG TO U.S.	.5-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the na	ىں <u>me of</u>	the new
Name of New Registered Agent:				
New Registered Office Address:		, <del>-</del>		
	Enter Florida street address			
	, Florida			
	City	Zip C	ode	

## 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date if other than the date	e of filing:	(optional)
effective date is listed, the date must be st	pecific and cannot be prior to date of filing or more than 90 da	ays after filing.) Pursuant to 605.
	oes not meet the applicable statutory filing requireme	ints, this date will not be liste
ument's effective date on the Departr	ment of State 8 fecords.	
record specifies a delayed effe	ective date, but not an effective time, at 12	2:01 a.m. on the earlie
he 90th day after the record i	is filed.	
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Filing Fee: \$25.00