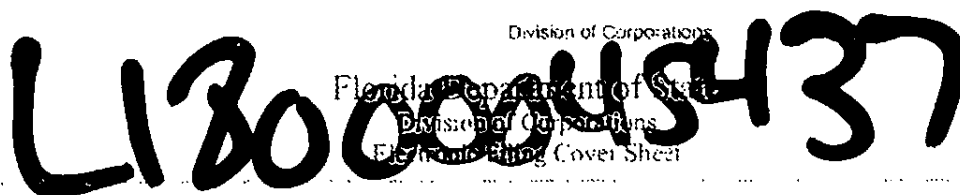


12/17/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6323

From:

Account Name : PEREZ ARCHA AN ACCOUNTING & TAX SERVICES INC
Account Number : 120070000033
Phone : (305)644-7040
Fax Number : (305)643-3237

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: araicaisabel@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LYN'S FURNITURE OPA LOCKA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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DEC 18 2020
C Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LYNSS FURNITURE OPA LOCKA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISABEL ARAICA

Name of Person

PEREZ ARCHIE AN ACCOUNTING & TAX SERVICES

Firm/Company

4011 W FLAGLER ST STE 501

Address

CORAL GABLES, FL 33134

City/State and Zip Code

isabelaraica@gmail.com

Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL ARAICA

305 649-7049

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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**

LYN'S FURNITURE OPA LOCKA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/21/2018 and assigned
Florida document number 118060045437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LYN'S FURNITURE HIALEAH LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Co."

Enter new principal offices address, if applicable:

1402 W 49 STREET

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Not Florida street address)

_____, Florida

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:

2020 DEC 17 AM 11:09

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: January 1st, 2021 (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 16th, 2020

Signature of member or authorized representative of a member

MARCOS ÁLTAMIRANO

Typed or printed name of signer