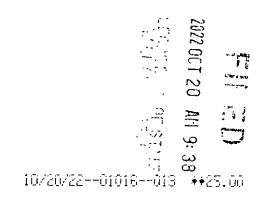
L18000051325

(R	lequestor's Name)	
(A	.ddress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	o Filing Officer.	
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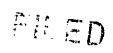
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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XX	РНОТОСОРУ		
	CUS		
X	FILING	AMEND	
<u>N</u>	MKO FURNITURE,	OCUMENT #)	
((CORPORATE NAME AND D	OCUMENT #)	
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		OCUMENT #)	

DocuSign Envelope ID: 398AC3EE-7D80-401E-8311-0E8931A5AB72 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



MKO FURNITURE, LLC

company has been notified in writing of this change.

2022 DCT 20 AH 9: 38 (Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida Cinited	Liaomity Company)		OF STATE
The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{02/26/2}{2}$	2018	and assigned
Florida document number L18000051325			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Gedjakouchian Holdings LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u>-</u>	
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 recor	ds, <u>enter the nai</u>	ne of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	·		
	Enter Florida si	reet address	
 -		, Florida _	
	•		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my o provided for in Chap	duties, and I am ter 605, F.S. Or	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 398AC3EE-7D80-401E-8311-0E8931A5AB72 in amending Authorized rerson(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
			□Add
			□Remove
			☐ Change
			□Add
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ectiv	e date if other than the date of filing:
effec	e date, if other than the date of filing: (optional) tive 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 605.02
<u>te:</u> It	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
	The second of th
cord	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
s filed	d.
О	ctober 18, 2022
ed 🗀	
ed _	— Deculiarned by
ed _	Nowher Gelyakowhian. Signature of a member or authorized representative of a member

Filing Fee: \$25.00