

118 0000 57374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

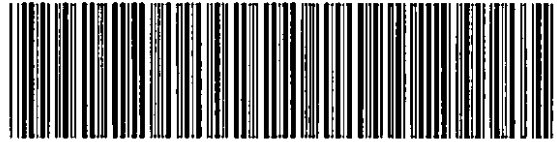
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 DEC 17 PM 2:31
FALLS CHURCH, VA

D. BRUCE
JAN 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: #7 FURNITURE BY DESIGN
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:

MARIA JOSEPHINA
Name of Person

FURNITURE BY DESIGN
Firm/Company

7158 WEST COLONIAL DRIVE
Address

ORLANDO FL 32818
City, State and Zip Code

furniturebydesigngallery@yahoo.com
(e-mail address to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA JOSEPHINA at (407) 640-7000
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

#7 FURNITURE BY DESIGN

(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 03-05-2018 and assigned
Florida document number L18000057374.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

MARIA JOSEFINA

New Registered Office Address:

7158 WEST COLONIAL DRIVE

Enter Florida street address

ORLANDO

Florida

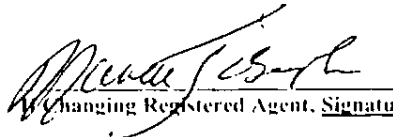
City

32868

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.



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>	<u>Type of Action</u>
MGR	SOOL LABBAN	7158 WEST COLONIAL DRIVE	<input type="checkbox"/> Add
		ORLANDO FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANAND PERSAUD PERSAUD	7158 WEST COLONIAL	<input checked="" type="checkbox"/> Add
		DRIVE ORLANDO FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

REC'D
DEC 17 PM 3:31
CITY OF ORLANDO

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

Blank lined area for amendments, crossed out with a diagonal line.

FILED
2018 DEC 17 PM 2:31
HALL COUNTY CLERK

E. Effective date, if other than the date of filing: 12/14/18 (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 12/14/18

Maria Josema

Signature of a member or authorized representative of a member

Alvin Persaud

MARIA JOSEPHINA

ALVIN'S PERSAUD

Typed or printed name of signee