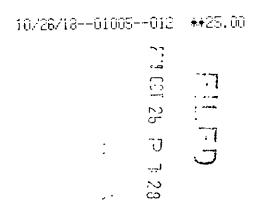


(R	Requestor's Name)
(A	address)
A)	address)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:







COVER LETTER

Registration Section

TO:

' Division of Co				
New Sky F SUBJECT:	Furnishings LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brian Brannigan			
		Name of Person		
	New Sky Furnishings		-7,	
		Firm/Company		,-
	1503 Legends Blvd		5.7 2.1	الإنجابية الانجابية المحافظة
		Address		آ ار
	Davenport, Fl 33896		المبايت	
	Brianb@floridaspirit.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	oncerning this matter, please co	all:		
Brian Brannigan		407 3964441		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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	
	ING ADDRESS: ration Section	STREET/COURI Registration Section		
Divisio	on of Corporations ox 6327	Division of Corpora Clifton Building		
	assee, FL 32314	2661 Executive Cer	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Sky Furnishings LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) inted Liability Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on 7/30/2018	and as	signed
Florida document number L18000182036			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:		
he 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:		<u></u>	
Principal office address MUST BE A STREET ADDRES	(S)	21	
		ر ل <u>ب</u> ـ	1
Enter new mailing address, if applicable:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered registered agent and/or the new registered office address 		<u>r the name</u>	of th
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida street address		
	. Florida	Zin Code	
	City	ZiD 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Stephen Hu		
		1503 Legends Blvd, Davenport	\ \\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
		F1, 33896	■ Remove
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			Add
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	ਹ :
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.02 filling requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
October 22 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00