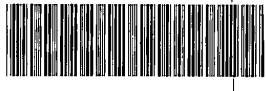
19000210252

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(Address)	
(City/State/Zip/Phone #)	
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COVER LETTER

TO:

ro:	Registration Se Division of Cor			
CI I D. LT		FURNITURE LLC		
SUBJE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ABDELHADI BOUROUA	AIL	
			Name of Person	
			Firm/Company	
		2600 MICHIGAN AVE S	TE 453516	
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For fur	rther information c	oncerning this matter, please ca	ill:	
ABDELHADI BOUROUAIL		407 4142774		
_	Name o	of Person		ime Telephone Number
Enclos	sed is a check for t	he following amount:		
■ \$2	5.00 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 enclose)
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARABISC FURNITURE LLC

(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Co	w appears on our records.) mpany)		
The Articles of Organization for this Limited L Florida document number L19000210252	iability Company were filed	d on08/19/2019	and as:	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited <u>liability</u> comp	pany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the	he abbreviation "L.	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET_ADDRESS)			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	/or registered office add		ter the name o	
New Registered Office Address:	1519 HEATHER WAY			
	1	Enter Florida strec; address		
	Kissimmee	, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registery provisions of all statutes relative to the projector the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act per and complete performe istered agent as provided registered office address.	ance of my duties, and Lo for in Chapter 605, F.S.	am familiar with Or, if this docun	
	If Changing Regi-	stered Agent, Signature of Ne	w Registered Agent	

Page 1 of 3

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type
MGR	ABDELHADI BOUROUAIL	5105 TERRA VISTA WAY	
		ORLANDO, FLORIDA 32837	□ R€
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fective da	ate, if other than date is listed, the date	the date of fil	ling:	rior to date of filing	z or more than 90	(optional) days after filing	.) Pursuant to
cument's	date inserted in the effective date on the specifies a dela	ne Department o	of State's reco	rds.			
	n day after the						l
d	20 SEPTEM	1BER	2019				
ited	~		· ·	·			
	Zan.			> uthorized represen			
		Signature of	a member or a	uthorized represen	tative of a memb	er	
			ADDELLI	ADI BOUROUA	.n]
			ABUELH	אטטאטטט וער	(IL		ŀ

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

Filing Fee: \$25.00