

L19 000233696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 OCT -7 PM 12:20

R. WHITE  
OCT 13 2013

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PEOPLE'S CHOICE MATTRESS & FURNITURE "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:

GERFSON CIMEUS

\_\_\_\_\_  
Name of Person

GC SERVICES COSULTANT LLC

\_\_\_\_\_  
Firm/Company

P.O BOX 16251

\_\_\_\_\_  
Address

FORT -LAUDERDALE FLORIDA 33318

\_\_\_\_\_  
City/State and Zip Code

GCSERVICESCONSULTANT@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERFSON CIMEUS

800 537-4169

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PEOPLE'S CHOICE MATTRESS & FURNITURE LLC

2019 OCT -7 PM 12:20

(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 09/18/2019 and assigned  
Florida document number L19000233696.

This amendment is submitted to amend the following:

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

PEOPLE'S CHOICE MATTRESS & FURNITURE LLC

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)**

1451 MCDERMOTT LANE

ROYAL PALM BEACH 33411

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1451 MCDERMOTT LANE

ROYAL PALM BEACH 33411

**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:

DIAZ, LATIA KIMBERLY

New Registered Office Address:

1451 MCDERMOTT LANE

*Enter Florida street address*

ROYAL PALM BEACH

*City*

Florida 33411

*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

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	DIAZ, LATIA K IMBERLY	1451 MCDERMOTT LANE	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 10/01/2019

Lalia V

Signature of a member or authorized representative of a member

LaTia Diaz

Typed or printed name of signee