## L19000254258

(Requestor's Name)
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PICK-UP WAIT MAIL
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AUG 2 9 2020 S. YOUNG

## **COVER LETTER**

CHD IP/CT.	ITURECO.NET LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mike Rusomaroff		
		Name of Person	<del>.</del>
	THEFURNITURECO.NE	T LLC	
		Firm/Company	···
	1638 Century Acres Ln		
		Address	
	Saint Johns, Florida 32259		
		City/State and Zip Code	
	TheFurnitureCo.nct@gmail		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please co	all:	
Mike Rusomaroff		904 228-0218 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEFURNITURECO.NET LLC (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 10/09/2019 Fiorida document number 1.19000254258 <u>L19000254253</u> 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 "LLC." 1638 Century Acres Ln Enter new principal offices address, if applicable: Saint Johns, FI 32259 (Principal office address MUST BE A STREET ADDRESS) 1638 Century Acres Ln Enter new mailing address, if applicable: Saint Johns, Fl 32259 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

## 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.

City

Enter Florida street address

, Florida \_

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>	Address	Type of Action
AMBR	Rusomaroff, Mike	1638 Century Acres Ln	
		Saint Johns, Florida 32259	7.
			≣Change
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			□Remove
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			□Change

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