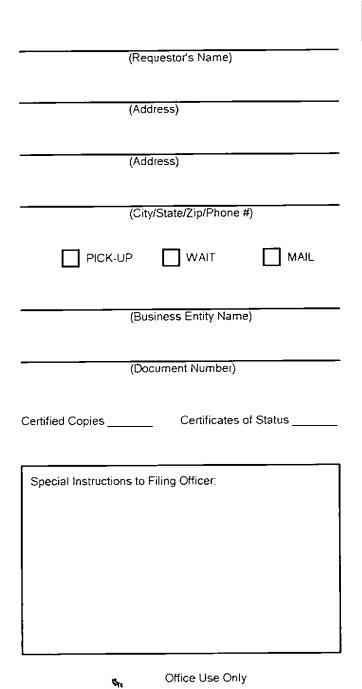
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## **COVER LETTER**

TO: Registration So Division of Co			
	nercial Seating, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
	Amendment and fee(s) are sub		
	Jane Kerrigan		
	···	Name of Person	<del></del>
	Hand Arendall Harrison So	ale, LLC	
	<del> </del>	Firm/Company	
	35008 Emerald Coast Park	way #500	
		Address	<del></del>
	Destin, FL 32541		
		City/State and Zip Code	
	jkerrigan@handfirm.com	to be used for future annual report notifi	
For further information	e-man address: (		(Carlon)
Jane		850 650-0010	
Name	of Person	at {) 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
\$4.95. A 11		Comment Address	

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FDF Commercial Seating, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our rec forida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number L2000004083	ity Company were filed on 1/1/2020	and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
FDF Hospitality Furnishing, LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
Principal office address MUST BE A STREET A	DDRESS)	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
3. If amending the registered agent and/or regis		ter the name of the new registe:
gent and/or the new registered office address no	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
Neglistred Office Address.	Enter Florida street ade	dress
		Florida
<del>-</del>	City	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

	Authorized Person(s) authorized to ma om our records:	inage, <u>enter the title, name, and a</u>	nddress of each person being adde
MGR = Mar AMBR = Aut	nager Thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove

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fective date, if other than the done effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be price; it does not meet the appli	icable statutory filing re	(optional) than 90 days after filing.) Preequirements, this date wi	ursuant to 605.0207 Il not be listed as
	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
s filed.				
is filed.	2020			
ecord specifies a delayed effective is filed.  ted   Manuary 14  Manuary 14	2020 News ignature of a member or aut	·		

Filing Fee: \$25.00