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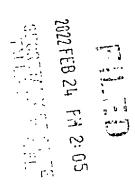
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Special Instructions to	Filing Officer:	

Office Use Only



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Name Change

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COVER LETTER

TO: Registration Se Division of Cor				*	
	RNISHINGS, LLC	1	*	\$	•
SUBJECT:	Name of Lim	ited Liability Company	~		
The analogad Articles of	Amendment and fee(s) are sub-	mitted for filing			
	ondence concerning this matter				
	SANDRA L PAYNE, CPA				
		Name of Person			
	SANDRA L PAYNE, CPA	к, Р.А.			
		Firm/Company			
	4217 W SAN RAFAEL ST	ŗ			
		Address			
	TAMPA, FL 33629				s3
		City/State and Zip Co	de		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	CPASANDY@TAMPABA				EB
For further information of	n-man address: (concerning this matter, please co	to be used for future annuall:	ваг героп пөш	cation)	2022 FEB 24 PH SI STATE STATES
SANDY L PAYNE, CPA	•		286-8213		P. C.
	of Person	at () Area Code		Telephone Number	2: 05
Name	A I CISON	/ trea conc	Buytime	Telephone (value)	1 771 01
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	•	Certified (e of Status &
Mailing Address Registration	Section	Regi	t Address: stration Sect		
Division of C			sion of Corp Centre of Ta		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

ARTICLES OF OF OF		and assigned
SITE FURNISHINGS, LLC		
	as it now annears on our records.)	
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	2.5
The Articles of Organization for this Limited Liability Company w	ere filed on02/18/2020	and assigned
Florida document number		, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
KFOGG, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abhreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the r</u>	name of the new registered
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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
			□Remove
			Change
		 	□ Add
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Filing Fee: \$25.00