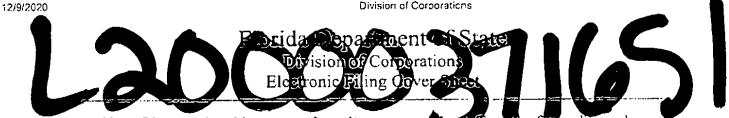
Division of Corporations



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(((H20000420310 3)))



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To:

Division of Corporations

THE FAX

Fax Number : (850)617-6383

From:

Account Name : JOHN L. TOMLINSON

Account Number : I19980000017 Phone : (954)881-1644 Fax Number : (954)784-4398

▼*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **;

JLTSRL @Comcast. Net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXE OUTDOOR LIVING, LLC

Certificate of Status	0
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(((H20000420310 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OR LIVING, LLC			
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	12/04/2020		and assigned
Florida document number £20000371651				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liab	itity Company," the di	esignation "LLC" o	r the abbi	reviation "L.L.C."
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 agent and/or the new registered office address here:	address on our r	ecords, <u>enter th</u>	e nime	of the new registered
The Device and Aponts			ì	1
Name of New Registered Agent:			•	<u></u>
New Registered Office Address:	Enter Flor	ridu street uddress	**	<u> </u>
		, Flor	ida	(7) (9)
	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

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(((H20000420310 3)))

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>	Name	Address	Type of Action
AMBR	KNAPP, PAUL	2201 WEST ATLANTIC BOULEVARD	
		POMPANO BEACH, FL 33069-2637	■ Remove
			Change
AMBR	FIBERBUILT UMBRELLAS INC.	2782 NW 29TH TERRACE	⊒ Add
		LAUDERDALE LAKES, FL 33311	□ Remove
			Change
			□Add
			☐ Remove
			Change
			DAdd
			Remove
			□Change
			🗆 Add
			Remove
	•		☐ Change

(((H20000420310 3)))
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
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.
December 9 2020
Dated December 9 2020
S. Immigra
signature of a member or authorized representative of a member
John L. Tomlinson
Typed or printed name of signee