

L21 0000 48869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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2021 JUN 17 AM 11:44

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June 3, 2021

PATRICK LAMNITZER  
1011 17TH ST WEST  
PALMETTO, FL 34221

SUBJECT: SCAVENGERS FURNITURE HOUSE CONSIGNMENT & THRIFT  
LLC  
Ref. Number: L21000048869

We have received your document for SCAVENGERS FURNITURE HOUSE CONSIGNMENT & THRIFT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 321A00011992

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scavengers Furniture House Consignment & Thrift, 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:

Patrick Lomitzer  
Name of Person

Scavengers Furniture House Consignment & Thrift, LLC.  
Firm/Company

1011 17th St W  
Address

Palmelto, FL 34221  
City/State and Zip Code

scavengersfurniture@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Lomitzer at (813) 895-6683  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: paid

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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

2021 JUN 17 A 10:58  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Scavengers Furniture House Consignment & Thrift, 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 1/26/21 and assigned Florida document number 201000048869.

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 "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 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:

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 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>
AMBR	Patrick Connitzer	7901 4th St W Ste 300	<input type="checkbox"/> Add
		St Petersburg, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Patrick Connitzer	<del>8800</del> 1011 17th St W	<input checked="" type="checkbox"/> Add
		Palmetto, FL 34221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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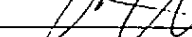
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

6/15/21



Signature of a member or authorized

Signature of a member or authorized representative of a member

Patrick Connitzer

Typed or printed name of signer