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COVER LETTER

TO:	Registration Se Division of Cor			
CUD IE		Home Decor & Furniture, LL	c	
SUBJEC	C1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Justin A Fuller		
			Name of Person	
		Three Labs Home Decor &	& Furniture, LLC	
			Firm/Company	
		10006 Cross Creek Blvd.	#168	
			Address	
		Tampa, FL		
			City/State and Zip Code	
		Justin.fuller@mc.com	to be used for future annual report noti	Continu
For furth	her information c	oncerning this matter, please ca		ncarkiny
		oncerning this matter, pieuse e		
Justin F		·	813 521-4329 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	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 Registration S		<u>Street Address:</u> Registration Sc	ction
	Division of C		Division of Co	

Tallahassee, FL 32314

P.O. Box 6327

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Three Labs Home Decor & Furniture LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on February 09,2021	and assigned
lorida document number 1.21000068276	_·	
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
Three Labs Holdings LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDR	RESS)	75 75
		AN Z
Enter new mailing address, if applicable:		양양 교
Mailing address MAY BE A POST OFFICE BOX)		E ST.
		1
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5.5
		orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			🗖 Add
			□Remove
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	date of filing: t be specific and cannock does not meet	not be prior to dat the applicable:			ling.) Pursuant to 605.02
ord specifies a delayed effectiv filed.	e date, but not an e	ffective time, a	at 12:01 a.m. on th	he earlier of: (b)	The 90th day after th
January 19	20	024			
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<u> </u>	Signature of a memb				
/	Signature of a member	ser or authorized	representation of a	member	