## 121000200452

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to f	Filing Officer:	
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21 JUN 21 PH 1: 14

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	FAMILY FURNITURE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
TDL	A model of Change	· le ev	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	<del> </del>
	INCFILE.COM LLC		
		Firm/Company	<del></del>
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	<del></del>
	EFILE1234@INCFILE.CO		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		888 462-3453	
Name o	t Person		ne Telephone Number
Enclosed is a check for the	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 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Set Division of Co The Centre of 72415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA FAMILY FURNITURE LLC 21 JUN 21 PH 1: 14

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Ellined Elabinity Company)	
The Articles of Organization for this Limited L Florida document number 1.21000200452	iability Company were filed on 04/29/2021	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	TADDRESS)	•
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the restarted</u> .	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 th 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</u>, <u>name</u>, <u>and address of each person being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

AMDK - A	Authorized Member	AND THE STATE OF	
<u>Title</u>	<u>Name</u>	Address And Company of the	Type of Action
AMBR	Joycita Deimler	Address 21 JUN 21 PH 1: 14	□Add
		Clermont, FL 34715	<b>=</b> Remove
			□Change
			□Add
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			Change
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		<del></del>	□Change
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			□ Remove
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			□ Change

	CARCOTTO AS VEGETA OF COMMENT OF
-	
Effective date, if other than the late is listed, the date is listed, the date is listed.	he date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the
e record specifies a delayed effect rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 30 Dated	2021
~	h 12
17	(1120 - 1 1/21 /200 0)

Typed or printed name of signee