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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Fmail	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PANDA MATTRESSES & FUNITURE LLC

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T. LEMIEUX MAY 0 6 2024

## From: Yanet Avila

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANDA MATTRESSES & FUNITURE LI	<del></del>	
(Name of the Limited Liab) (A Flori	llty Company as k now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/08/2021	and assigned
Florida document number L21000398177		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
PIERSHOP, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
		202
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the nam</u>	e of the new registered
agent unit of the new registered office autilities nere	•	
No of Nov. Designatured Asserts		ئ
Name of New Registered Agent:		£:
New Registered Office Address:	Enter Florida street address	<u> </u>
	<del></del>	· -
	, Florida	Zip Code
	City	ing cour

## 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.

To:

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 == M AMBR == A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
	<u></u>		; □Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
		•	□Remove
			☐ Change
			□Remove
		<u> </u>	[:Change
	<del></del>		
			☐ Remove
			Change

•	
<del></del>	
****	
Note: It	date, if other than the date of filing:  (optional)  ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
ne record s ord is filed	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
Dated	04.26. 2024
	(Coll)
	Signature of a member or authorized representative of a member
	GEAN FRANCO FLAVIANI