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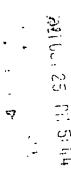
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COVER LETTER

FO: Registration Se Division of Con			
SUBJECT:	JCXVF	Furniture U	
· -	Name of Lin	ited Liability Company	
F1 1 1 1 1 6			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jian	Carlos Lago:	<u> </u>
		Firm/Company	
	8100	Genera CT =	# 141
	Doral	PL 3310 φ City/State and Zip Code	
	Francs and E-mail address (to be used for future annual report notion	fication)
For further information c	oncerning this matter, please c	all:	
	1 HOMULT	at (780) <u>20</u> Daytim	UU5 8 ie 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		<u>Street Address:</u> Registration Sec	ction
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, l	SL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC4 Y Fur	niture uc	1821 UC: 25 PM 5: 144
(<u>Name of the Lifnited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limi	ited liability company her	<u>ē</u> :
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:	 -	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a 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 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
MGR	Frances y Aponte	8100 beneva ct #14.	<u>I</u> ₩Add
		8100 beneva ct #14, Doral FC 33/66	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		-	🗆 Remove
			□Change
			□Add
			□Remove
			□ Chanas

(If an ef Note:	ive date, if other than the date of filing:
he reco ord is fi	rd 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 led.
Dated	Oct 14 , 2026
	Signature of a member or authorized representative of a member
	Tuan Carlos Lagos Typed or printed name obsignee