

121000451674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

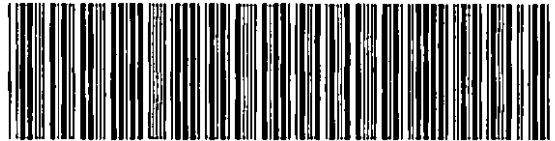
Special Instructions to Filing Officer:

J. HORNE

MAR 29 2022

Office Use Only

3/21



400378548964

12/28/21--01022--004 **35.00

FILED
2022 MAR 21 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 21 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FL

March 1, 2022

IRWIN M NOVACK
5700 70TH AVENUE N
PINELLAS PARK, FL 33781 US

SUBJECT: KANES FURNITURE, LLC
Ref. Number: L21000451674

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 622A00005014

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kanes Furniture, LLC

DOCUMENT NUMBER: L21000451674

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irwin M. Novack

Name of Contact Person

Kanes Furniture, LLC

Firm/ Company

5700 70th Avenue North

Address

Pinellas Park, FL 33781

City/ State and Zip Code

novack7777@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irwin M. Novack

Name of Contact Person

at (727)

804-6883

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kanes Furniture LLC

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

FILED
2022 MAR 21 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/15/21 and assigned
Florida document number L21000451674.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jim Ferguson	5700 70 th Ave N.	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricky Howell	5700 70 th Ave N.	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chuck Shaffer	5700 70 th Ave N.	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

February 18, 2022

Signature of a member or authorized representative of a member

IRWIN M. ROVER

Typed or printed name of signee

Filing Fee: \$25.00