Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000076718 3)))



H220000757183ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address;_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CANNONS FURNITURE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

÷

2022 FEB 28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	umiture LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	3 on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	02/18/2022	and assigned
Florida document number L22000067719			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	re:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	fice address on our re	ecords enter the na	me of the new registers
agent and/or the new registered office address here:	inc addition of the	enter que ma	de or the new registers
Name of New Registered Agent:	···		
New Registered Office Address:	. <u> </u>	·	
	Enter Flori	ida 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

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>	<u>Name</u>	Address	Type of Action
MBR	John Ricroft	906 Artesian Drive	S Add
		Pensacola, FL 32505	□ Пстюче
			☐ Change
			□ Add
			□Remove
			□Change
			□ Add
			ПRетюче
			Change
			□Add
			□Remove
			Change
			
			□Remove
			Change
			□Add
		<u></u>	Петоче
			(☐Chamas

					
					
	,	<u> </u>			
			,		
					
					
					
			<u></u> .		
		·			
			· · ·		
					
			·		
			<u> </u>		
					
	_				
·					
Affective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this block locument's effective date on the Department's	k does not meet u	ne applicable stai	utory filing requiren	(optional) days after filing.) Pursu cents, this date will no	ant to 605.0207 ot be listed as
record specifies a delayed effective d is filed.	iate, but not an ef	fective time, at 1	2:01 a.m. on the earl	ier of: (b) The 90th	day after the
sated February 28th	200	22			
	S ₁₁	ii Visa	1		
		كالمحاصيدين	resentative of a member		

Filing Fee: \$25.00