L22000242521

(Ř	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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12/05/23--01001--006 **25.00

1923 DEC -8 AM 9: 09
PERINCHARY OF STATE
ALLAHASSEE, FLORIDA

33 DEC -8 AM 0.

Corrected



December 6, 2023

CORPORATE ACCESS

SUBJECT: FURNI LLC

Ref. Number: L22000292521

We have received your document for FURNI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Managers name is not complete. The Type of Action was not indicated in the Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 623A00027772

2023 DEC -8 AH 10: 59

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 DEC-8 AM 9: 09

FURNILLC

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

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ADDRESS)		
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istered office address or	n our records, <u>enter the</u> i	name of the new registe
<u>here</u> :		
		
	nter Florida street address	
•	***	
· City	, Florida	Zin Code
,		ziji com
	cing: he limited liability companies: ADDRESS) istered office address or here:	cing: the limited liability company here: ds "Limited Liability Company," the designation "LLC" or the let. ADDRESS) istered office address on our records, enter the there: Enter Florida street address Florida

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
MGR	Claudio Andres Lopez Franzoy		665 Nandina Dr	⊠ Add
			Weston, FL 33327	Remove
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ctive date, if other than the date effective date is listed, the date must be span. If the date inserted in this block dument's effective date on the Department.	pecific and cannot be prior to do oes not meet the applicable	ate of filing or more tha	(optional) in 90 days after filing.) Pur direments, this date will	suant to 60 not be lis	05.0207 (3)(b) sted as the
ord specifies a delayed effective date filed.	e, but not an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90	h day aft	er the
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Faculti excession Dec 1 2013 15 26 551	turn of a manufacture of	# - To			
Fac / 1941/1857 (Dec.) 2013 18 26 55 (Signa	ture of a member or authorize	d representative of a m	ember		

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