30/8/22, 9:10

Division of Corporations



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(((H220002936763)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA
Account Number : I20220000125
Phone : (239)494-0057
Fax Number : (239)913-6599

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

Email Address: TOFICINALIUSQ DQ mail. COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### CHAIR STORE USA LLC

Certificate of Status	0
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Page Count	01
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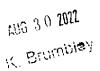
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## **COVER LETTER**

TO: Registration S Division of Co		•	
CHAIR S'	FORE USA LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	DAVID NOHRA ZAKIA		
		Name of Person	
	<del>.</del>	Firm/Company	
	28719 ALESSANDRIA (		
	BONITA SPRINGS, FLO	Address PRIDA, ZIP CODE 34135	
		City/State and Zip Code	
	tuoficinaenusa@gmail.com E-mail address:	to be used for future annual report not	fication)
For further information of	concerning this matter, please c	ali:	
DAVID NOHRA ZAKI	۸	. 239 4940057 at ()	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 of Certified Copy (additional copy is enclosed
Mailing Addres		Street Address:	
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632	27	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAIR STORE USA LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000308468	were filed on 07/11/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3181 NORTH VILLAGE CT, SUITE	200
(Principal office address MUST BE A STREET ADDRESS)	BONITA SPRINGS, FL, ZIP CODE	34135
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3181 NORTH VILLAGE CT, SUITE BONITA SPRINGS, FL, ZIP CODE	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		G30
New Registered Office Address:	Enter Florida street address Florida :	ROVED LED PM 2:
<del></del>	City	Zi Zi Zode

#### 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	David Nohra Zakia	28719 Alessandria Circle	□Adđ
		Bonita Springs, Fl, Zip Code 34135	■Remove
			[]Change
AMBR	Aitor Rosalio Urresti	3181 NORTH VILLAGE CT, SUITE 200	■Add
		Bonita Springs, Fl. Zip Code 34135	□Remove
			□Change
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fectiv	re date, if other than the date of filing:
n effec	give 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
cume.	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ecord is file	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 d.
ted_A	UGUST 30 2022
icu _	

Filing Fee: \$25.00

Typed or printed name of signee