6/12/23, 3:52 PM

# Division of Corporations

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.

(((H23000211640 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*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 **FURNITREE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

S. ROBERTS

From:

15125973041 04/27/2023 13:60

From; James Wiseman #106 P.001/004

## COVER LETTER

TO:	Registration S Division of Co		•	•
SHRIE		REE LLC		
SOBAT.	···	Name of Lin	nited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please n	cturn all corresp	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
		Legalzoom.com, Inc.	Name of Person	·····
			Firm/Company	
		101 N Brand Blvd 11th Ft		
		Glendale, CA 91203	Address	
		info@thefurnitree.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please co	all;	
Cheyenr	nc Moseley		\$00 773-0888	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ <b>\$</b> 25.0	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: James Wiseman #106 P.002/004

From:

To:

### ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** 

FURNITREE LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/06/2022	and assigned
Florida document number L22000389486		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	r the abbreviation 3L.E.C."
Enter new principal offices address, if applicable:		73
(Principal office address MUST BE A STREET ADDRESS)		
		, 0
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		24
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		enter the name of the n
Author Control Control Control		,
New Registered Office Address:	Enter Florida street address	
<del></del>	, Floric	la
	City	rip Coae

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

From:

Page, 5 of 6

2023-06-12 15:55:50 CDT

15125973041

From: James Wiseman #106 P.003/004

04/27/2023 13:51

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> Brian Giles	Address	Type of Action
AMBR	Drian Gues		
		100 SOUTH ASHLEY DR., SUITE 600, TAMPA, FL 33602	■ Remove
			O Change
<del></del>			
		<del></del>	☐ Remove
			☐ Change
<del></del>			
			Remove
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			Remove
			Chongs

m:	04/27/2023		#106 P.004
If amending any other information, enter change(s) here: (Attac	ch additional sheel	s, if necessar,	·.)
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	·		**************************************
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Costing data if other than the data of Slings		(antional)	
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of t	filing or more than 90 d	_ (optional) lays after filing ) i	Pursuant to 605,0201
lote: If the date inserted in this block does not meet the applicable statut	tory filing requireme	ents, this date w	ill not be listed as
ocument's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effe	ective time, at 1	2:01 a.m. o	n the earlier o
The 90th day after the record is filed.	•		
- 1 - 1/			
Donil 26th 2023			
ated 2pul 26th, 2023.	)		
ated 2pul 26th, 2023.	)		
sted 2023. Signature of authorized epre	)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00