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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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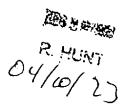
Office Use Only



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COVER LETTER

TO: Registration So Division of Cor							
Furniture N	Jear Us. LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Efrain Santiago, Jr.						
		Name of Person		_			
		Firm/Company		_	<i>:</i>		
	2616 SW 81st Ave				2.7		
		Address			2/C		
	Miramar, FL 33025				0 2	ļ	
	santiago.efrain@yahoo.com	City/State and Zip Code		STA	X 8 10 PH 3: 1	1	
	-	to be used for future annual report	notification)	, <u>m</u>			
For further information c	oncerning this matter, please ca	all:					
Efrain Santiago, Jr.		201 205-933 ²	1				
Name o	f Person		ytime Telephone Numbe	er			
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie Certifie	0.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)			
Mailing Addres Registration: Division of C	Section		Section Corporations				
P.O. Box 632	27	The Centre of	of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Furniture Near Us, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/4/2023}{1}$ and assigned Florida document number ______. 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 ___

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.

City

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
AMBR	Efrain Santiago, Jr.	2616 SW 81st Ave	□Add
		Miramar, FI. 33025	■Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	te must be specific and car his block does not mee	t the applicab		iore than 90 days a			
ne record specifies a delayed efford is filed.	fective date, but not an	effective tim	e, at 12:01 a.m.	on the earlier of	(b) The 90	th day a	fter the
Dated April 4	2	2023					
1/1	<u> </u>		. '				
	/ /						

Filing Fee: \$25.00

Typed or printed name of signee