L23000393316

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

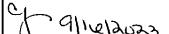




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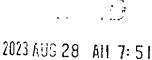
TO;

Registration Section

Division of Co	rporations			
Distinctive	: Farnishings, LLC			
SUBJECT:	Name of Lim	nted Liability Company	_ 	
The enclosed Articles of	Ar lendment and fee(s) are sub-	emitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jack M Selig Jr.			
Name of Person				
	Infinity Building Supply,	LLC		
	Firm/Company			
	4457 Fast H Ave,			
		Address		
	Hialeah, FL 33013			
		City/State and Zip Code		
	matt@proudhouse.com E-mail address: (to be used for future annual report not	trication)	
For further information a	concerning this matter, please c			
Jack M Selig Jr		239 321-0594		
Name of Person		at () Area Code Daytir	ne 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 & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:		
Registration Division of O		Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Distinctive Furnishings, 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 ____08/21/2023 ___ and assigned Florida document number _____L23000393316 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 "LLC." 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.

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
AMBR	LUIS RODRIGUEZ	13450 SW 68 TER, MIRAMAR, FL 33027 UN	
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			□Change
			🗆 🗅 Add
			□Remove
			Change
			□Add
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			□Change
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			□Change

	Effective at inception.
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ffecti	ve date, if other than the date of filing:
an etl' <u>lote:</u>	serive date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (all the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
recor Lis fil	d 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 ed.
ated	
	// / ////
	Signature of a momber or upmorized representative of a member

Filing Fee: \$25.00