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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: Me	odrano Custom Name of Lir	Furniture	
	Name of Lin	mited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Victor	Mediano	
		Name of Person	
		r in the Company	<del></del>
	385	NG 70th Street Address	
		Address	<del>_</del>
		Miomi Fl 33135 City/State and Zip Code	<u> </u>
		City/State and Zip/Code	10 63
	V (CFO/ E-mail address: (	(to be used for future annual report notification)	DZ3:
For further information co	oncerning this matter, please c	eall:	SEP -
VICE/ M	edrans	305 905 4810	1 × 0 × 0
Name of	Person	(to be used for future annual report notification)  call: at (	Deer G
Enclosed is a check for th	e following amount:		134 1
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	
Division of Co	orporations	Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	010
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	stom Furnitu	ce	
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L 2 3 0 0 0 4 0 2		12812023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limit	led Liability Company," the des	ignation "LEC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>ESS)</u>	. <u> </u>	262
		TALLA	(A) (13) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
Enter new mailing address, if applicable:		3.5 9.5 9.5 9.5 9.5 9.5 9.5 9.5 9.5 9.5 9	
(Mailing address MAY BE A POST OFFICE BOX)		<u>~~~~</u>	CO Instal
	<del></del>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	City	, Florida	Zip Code

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
Managing Market	Victor Mediano		□Add
member			□Remove
			⊠Change
			□Add
			□ Remove
			☐ Change
			SECRETION TALL NED ST
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Charging hitle only for Vithor Mediano from P to Managing Member  Managing Member  Getive date, if other than the date of filing:  In effective 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 file. If the date inserted in this lock does not neet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  Signature of a member or sutherized representative of a member.	Chargina	HIL	only	for	Victor	Mediano	hun	P	ん	_
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Filing Fee: \$25.00