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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

1st DESIGNER AUTO CARE, LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PAUL V. MARTIN Name of Person 1st DESIGNER UPHOLSTERY CARE Firm/Company 6069-B NW 31st AVENUE Address FORT LAUDERDALE, FL 33309 City/State and Zip Code designerupholstery@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAUL V. MARTIN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee. ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IST DESIGNER AUTO CARE, LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000030001	Company were filed on 02/21/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
1st DESIGNER UPHOLSTERY CARE, LLC		292
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	or the abbreviation;"L.L.C."
Enter new principal offices address, if applicable:		: ; ;
• •	DECC)	10
Principal office address MUST BE A STREET ADD	KESS)	
		
		` ယ ယ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	City	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 add or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			☐Change
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Note: If the	te, if other than late is listed, the dat date inserted in the ffective date on t	iis block does i	not meet the app	dicable statutory	or more than 90 of filing requirem	(optional) days after filing.) ents, this date v	Pursuant to 605.020' vill not be listed as
he record spec ord is filed.	ifies a delayed efi	ective date, bu	t not an effectiv	e time, at 12:01 :	a.m. on the earli	er of: (b) The	90th day after the
Parsal Febru	ary 8		2021				
Dated	Tol 1	Mant		·			
		Signature	of a member or a	athorized represen	tative of a member	:r	

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