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COVER LETTER •

TO: Reg Div	gistration _e Se ision _e of Cor	ction pogations		_	
4		E UPHOLSTERY, LLC		•	
SUBJECT:					
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jose Almarales			
			Name of Person		
		Professional Services Boo	kkeeping Inc		-2
			Firm/Company		SEL SEL
		736 NW 22nd Av			
			Address		· -
		Miami FL33125			
		••••	City/State and Zip Code		-
		jose@professionalservices@	niami.com		
		F-mail address; (to be used for future annual report no	tification)	
For further in	nformation c	oncerning this matter, please or	all:		
Jose Almara	des		305 6423000		
	Nume o	l'Person	Atea Code Daytis	ne Telephone Number	
Enclosed is a	rcheck for th	ne following amount:			
S \$25.00 I	filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate Certified Co additional co	of Status &
	iling Addres		Street Address:		
Registration Section Division of Corporations			Registration So Division of Co		
P.O. Box 6327			The Centre of	•	
Tal	llahassee, I	FL 32314	2415 N. Monro Tallahassee, F	oe Street, Snite 810 L 32303	i

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEMINOLE UPHOLSTERY, 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 $\frac{4/18/2014}{2}$ and assigned Florida document number __1.14000057563 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.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

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

, Florida

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	JEROME DAVIS	MARY OSCEOLA DRIVE, #B-4	
		HOLLYWOOD, FL 33024	■Remove
			□Change
			□Add
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7/30.2024 ited	A-She	Solo	-·			
			ized representative of a			_

Filing Fee: \$25.00