

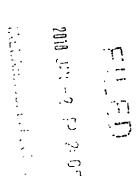
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

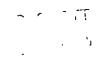




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01/02/18--01026--013 **30.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CUSTOM CANVAS and CUSTA Name of Limited Liability Company	cns //C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christopher Shuman Name of Person	
Custom Canvas and Cush	ions LLC
176 F. 215+ Street Address	
Riviera Beach FL 33 City/State and Zip Code	
E-mail address: (to be used for future annual report	(Organotification)
For further information concerning this matter, please call:	notification)
Chris Shuman at (541) 846 Name of Person Area Code Day	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(MSTOM (GNV)	ICS CINCL CUSTIONS LCC ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ls.</u>)		
	Liability Company were filed on		and ass	signed
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name of	of the limited liability company here:			
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	or the abbr	evialion "L	.L.C."
Inter new principal offices address, if appli	cable:	3.4 		ij
Principal office address MUST BE A STREA	· -	f	l L	1
		<u> </u>	<u> </u>	
			.>	
inter new mailing address, if applicable:			~ 	
Mailing address MAY BE A POST OFFICE	<u> </u>			
3. If amending the registered agent and	l/or registered office address on our records	s. enter tl	ne name	of the 1
egistered agent and/or the new registered o	office address here:			
Name of New Registered Agent:	Christopher Shuma	<u>, U</u>		
New Registered Office Address:	Christopher Shuma 9365 Ospieg Isle Enter Flbrida street address	Bing	<u>-</u>	
	WOST Talm Beach Flo	orida	334112 Zip Code	
lew 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR_	Mankey Provo	1892 Cheetham Hill Brd	□ Add
	J	Lex FL 33470	⊠ Remove
			Change
		 	Add
			□ Remove
		-	Change
			Add
			□ Remove
			🗆 Change
			Add
			□ Remove
			Change
			Add
			Change
			☐ Gl Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional shee	ts, if necessary	:.)	
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	<u>.</u>	205	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) days after filing.) nents, this date	Pursuant to 6	605.0207 (3)(0 isted as the
f the record specifies a delayed effective date, but not an effective time, at b) The 90th day after the record is filed.	12:01 a.m. (on the ear	lier of:
Dated December 8th Deri			
Signature of a member or authorized representative of a memb	рег		
Typed or printed name of signec			

Page 3 of 3

Filing Fee: \$25.00