117000101915

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, Ft. 32314

Registration Section

P.O. Box 6327

Modernday SUBJECT:	Upholstery of S. Florida LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacqueline Palermo		
		Name of Person	
	Palermo & Beetz		
		Firm/Company	
	2525 Emabssy Dr., Suite	14	
		Address	
	Cooper City, FL 33024		
		City/State and Zip Code	
	jackie@pbfl-tax.com		
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please co	all:	
Jackie		954 443-0977x	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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)

STREET/COURIER ADDRESS:

Division of Corporations Clifton Building 2661 Executive Center Circle

Registration Section

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODERNDAY UPHOLSTERY OF S. FLORIDA, 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	y were filed on $\frac{05/08/20}{}$	17	_ and assign	ned
Florida document number 117000101915				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
MODERNDAY GALLERY, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designat	tion "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable:	-	· .	~~	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		and the same of th
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		71		2,712
Enter new mailing address, if applicable:			! d	** Å.*
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(Mailing address MAY BE A POST OFFICE BOX)	•	=:-	;_	- •
			<u> </u>	
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>re</u> :			
New Registered Office Address:				
New Registered Office Address.	Enter Florida stre	eet address		
	applicable: OST OFFICE BOX) ed agent and/or registered office address on our records, enter the name of the new vegistered office address here: Enter Florida street address Enter Florida street address City Zip Code Te, if changing Registered Agent:			
	City	, FIOLIUA	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my di provided for in Chapte	uties, and I am fam er 605, F.S. Or, if t	iliar with a his docum	and ent is
	anging Registered Agent, <u>Si</u>	ignature of New Regist	ered 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	
MBR =	Authorized	Mem

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
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