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COVER LETTER

SUBJECT: 6M Interiors LLC
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:
rease return an correspondence concerning this matter to the following.
George Marino
Name of Person
Firm/Company
2041 NW 1SUTTER
Address
Chalacka Fl. 33054
Chystate and zip Code
Gradino 2302 @ Gradin Com E-mail address: (to be used for future artification)
E-man address. (to be used for future aimain report notification)
For further information concerning this matter, please call:
George Marino at (365) 167-6372 Name offerson Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 TO ARTICLES OF ORGANIZATION OF

GM Interiors	LLC		
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	our records.	
The Articles of Organization for this Limited Liability Complex Florida document number 480009328	pany were filed on	and assign	ed
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 design	ation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:		18	11AIG 3S
(Principal office address MUST BE A STREET ADDRES.	S)	JU	100 CS
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		-	- G. (.)
Enter new mailing address, if applicable:		35 35	· 6%
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
walling daints mile 11. 11. 10.01 VI From Dong			3 8
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r records, enter the name of	the new
			
Name of New Registered Agent:		**	
New Registered Office Address:			
-	Enter Florida s	treet address	
		, Florida	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Address Type of Action Name | Seage Marino N Add _□ Change □ Add _□ Remove _□ Change __ 🗆 Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add

_□ Remove

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