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	Registration Se Division of Cor			
CHBIEC		DRAPES AND UPHOLSTER	RY HOME DESIGN LLC	
SUBJEC	ΣТ:		nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		FABIANA DE BARROS		
		LEGIT CONSULTING SE	Name of Person ERVICES LLC	
		6200 METROWEST BLV	Firm/Company D 201-D	
		ORLANDO-FI. 32835	Address	
		INFO@LEGITCS.COM	City/State and Zip Code	
			to be used for future annual report notif	fication)
For furthe	er information co	oncerning this matter, please ca	all:	
FABIAN	A DE BARROS	;	407 2852290 at ()	
	Name of	Person		· Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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**

FLORIDA DRAPES AND UPHOLSTERY HOME DESIGN LLC

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears on ou Ciability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed on 07/08/20	19	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liab	ility company here:		
FLORIDA DRAPES AND UPHOLSTERY, LLC				
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designati	on "LLC" or the abbro	/ · • •
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4333 SILVER STAR R	ROAD STE 155	919
		ORLANDO-FL 32808	1019 KEP 23	
				123
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4333 SILVER STAR R	ROAD STE 155	2 1
		ORLANDO-FL 32808		
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:	LEGIT CONSU	JLTING SERVICES LLC	<u>.</u>	
New Registered Office Address:	6200 METROV	VEST BLVD 201-D		
		Enter Florida stred	et address	
	ÓRLANDO		, Florida	5
		City		Zip Code
New Registered Agent's Signature, if changing Regard I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regression of this change in the second party has been notified in writing of this change in the regression.	agent and agr and complete red agent as p gistered office	performance of my du provided for in Chapte	ities, and I am fan er 605, F.S. O <mark>r</mark> , if	niliar with and this document is

Page 1 of 3

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANA BATALHA	1816 SPARKLING WATER CIR	
		OCOEE, FL 34761	Add
			■ Remove
	MANAGE BANGS COST		Change
MGR	MAYARA BATISTA COSTA	8651 SUGAR PALM CT	
	•	ORLANDO-FO 32835	O Add
			Remove
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be p c does not meet the ap	rior to date of filing or me plicable statutory filing	(optional) ore than 90 days after filing.) P g requirements, this date wi	ursuant to 605.0207 If not be listed as
ne record specifies a delayed e The 90th day after the record	iffective date, but d is filed.	not an effective ti	me, at 12:01 a.m. or	the earlier o
Dated	2019			
	M0040	- Andr	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00