L20000118841

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2022 SEP -6 AN 7: 36

A. BUTLER DEC - 5 2022

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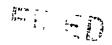
TO:

Registration Section Division of Corporations

SUBJECT:	·	TSAN FOOTWEAR BY LIOBE	CL LLC		
	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	FIOR	EL RODRIGUEZ HERNANDE	Z.		
		Name of Person			
		Firm/Company			
		17401 ELLIE DR			
Address					
		FORT MYERS, FL 33967 City/State and Zip Code			
	LE	OBELRGUEZ@YAHOO.COM			
		to be used for future annual report n	otification)		
for further information c LIOBEL RODRIGUE	oncerning this matter, please c Z HERNANDEZ	ali: 786 273-0437			
Name o	f Person	at () Area Code Dayt	ime Telephone Number		
inclosed is a check for the	ne following amount:				
■ \$25.00 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		
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration 5			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, I		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SHOE REPAIR-ARTISAN FOOTWEAR BY LIOBEL, LLC

(Name of the Limited Liability Company as it now appears on our records;)
(A Florida Limited Liability Company)

7.3 + 7.2 05/01/2020 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned 1,20000118841 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UPHOLSTERY BY LIOBEL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 17401 ELLIE DR Enter new principal offices address, if applicable: FORT MYERS, FL 33967 (Principal office address MUST_BE A STREET ADDRESS) 17401 ELLIE DR Enter new mailing address, if applicable: FORT MYERS, FL 33967 (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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			[]Change
			🖸 Add
			□Remove
			□ Change
			ClAdd
			□Remove
			[]Change
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			□Remove
			L1Change
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reffect <u>te:</u> [f	date, if other than the ive date is listed, the date must the date inserted in this blows effective date on the Do	be specific and cannot ck does not meet th	e applicable stati			
cord s s filed	pecifies a delayed effective	date, but not an ef	fective time, at 12	2:01 a.m. on the ea	lier of: (b) The 90	h day after the
ed	AUGUST 30	- <u>202</u>				
	*	H				
		Signature of a membe	r or authorized rep	resentative of a mem	oer	

Filing Fee: \$25.00