## L20000243595

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Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION **OF**

Straight Seam Upholstery LLC.	
(Name of the Limited Liability Company as it now appears in our records.)  (A Florida Limited Liability Company)	Ű: ↑r
The Articles of Organization for this Limited Liability Company were filed on August, 11,2020	_ and assigned
Florida document number <u>L20000243595</u> .	
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 designation "LLC" or the abbr	eviation "L.L.C."
Enter new principar ornces address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>
Enter new mailing address, if applicable:	
(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 registere
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 designation "LLC" or the abbreviation "L.L.C."  Enter new principal onices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	
Name of New Posistered Agents	
, 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 agre	e 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

or removed	from our records:	6 /	•
MGR = M $AMBR = A$	anager uthorized Member		
- <u>Title</u>	<u>Name</u>	Address	Type of Action
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AMBR	Wilsonnet Cabrera	6335- 105+103+ Jacksonville FL-3224	<u>Y_ i\$&amp;aa</u>
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