L20000303401

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COVER LETTER

TO:	Registration Se Division of Cor		, ,	
SUBJE		LINTERIORS AND MORE, L	LC .	
SOBJE	C1	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ELVIRA LEÃO PALUMI	30	
			Name of Person	
			Firm/Company	
		2383 NW 157th LANE		
			Address	
PEMBROKE PINES, FL 33028				
		reception@wholesalerfl.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furtl	her information c	oncerning this matter, please c	all:	
ROSAN	IA APARECIDA	MARCHELLI	305 889-1011 at ()	
	Name o	f Person		: Telephone Number
nclose	d is a check for th	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)
	Mailing Addres	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.) (A Florida Limited)	any as it now appears on our records Liability Company)	·)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000303401		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		·
Enter new mailing address, if applicable:		平 2 2
(Mailing address MAY BE A POST OFFICE BOX)		7
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registered
NiD '		
New Registered Office Address:	Enter Florida street address	
	17	4.3
	City:	rida Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	:	
hereby accept the appointment as registered agent and agreevisions of all statutes relative to the proper and complete except the obligations of my position as registered agent as ring filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	r performance of my duties, and provided for in Chapter 605, F	d I am familiar with and ".S. Or, if this document is

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>	Address	Type of Action
MGR	ELVIRA LEÃO PALUMBO	2383 NW 157th LANE	□Add
		PEMBROKE PINES, FL 33028	Remove
			□Change
MGR	ROSANA APARECIDA MARCHI	5131 HANCOCK ROAD	≣Add
		SOUTHWEST RANCHES, FL 33330	□Remove
			🗀 Change
			🗆 Add
		□Remove	
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Effective date, if other than the (If an effective date is listed, the date mus	date of filing: t be specific and cannot be prior:	o date of filing or more than 90 days after	nal) filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this bl document's effective date on the Do	ock does not meet the applica	ble statutory filing requirements, this	date will not be listed as th
document 8 effective date off the 15	spartment of state's records.		
he record execitive a delayed effective	e data, but not an affactive tic	ne, at 12:01 a.m. on the carlier of: (b)	The O0th day often the
ord is filed.	- date, out not an effective th	ne, at 12.01 a.m. on the earner of. (0)	The 90th day after the
Dated	. 2021	·	
B D	\ - @ 0	ı	
Olm	hear Value	rived representative of a member	
Dated JANUARY, 07	g.iastic or a member or autility	med representative of a member	
ELVIRA LEÃO PALUI	иво		
	Typed or printe	d name of signee	

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Filing Fee: \$25.00