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(Re	equestor's Name)	,
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILED 2020 DEC -8 PH 4: 16

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COVER LETTER

TO: Registration Section

Division of Cor	porations		
	E UPHOLSTERY CARE, LLC	;	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE M MEJIA		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MM CAR & UPHOLSTEI	RY CARE, LLC	
	-	Firm/Company	**
	1085 W 51 PL		
		Address	
	HIALEAH, FL 33012		
		City/State and Zip Code	
	manuelmejia@bellsouth.net	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
JOSE M MEJIA		305 401-3942	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
	ı		
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

I.L.C	
Liability Company as it now appears on our records Florida Limited Liability Company)	
ility Company were filed on 11/13/2020	and assigned
e limited liability company here:	
s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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	ida Ziv Code
	Liability Company as it now appears on our records Florida Limited Liability Company) idity Company were filed on 11/13/2020 ing: ing: ing: is "Limited Liability company here: Is "Limited Liability Company," the designation "LLC" Ie: ADDRESS) Stered office address on our records, enter there: 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.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
P	MEJIA, JOSE M	1085 W 51 PL	□Add
		HIALEAH, FL 33012	■Remove
			□Change
MGR	MEJIA, JOSE M	1085 W 51 PL	
		HIALEAH, FL 33012	
			Remove Remove Remove Remove
			□ Add □ Remove
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E	st be specific and cannot lock does not meet the	applicable statut	iling or more than 90 day	(optional) ys after filing.) Pur its, this date will	suant to 605.020 not be listed as
record specifies a delayed effective is filed.	e date, but not an effe	ctive time, at 12:	01 a.m. on the earlier	of: (b) The 90	th day after the
	2020				
nted November 28	· ·	·			
ated November 28 OR WW.	e/IU Signature of a member of	or authorized repre	sentative of a member		

Filing Fee: \$25.00