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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
] PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified (Copies Certificates of Status
Special	Instructions to Filing Officer:
	Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
CUD IECT.	FABRICA	ATED DAZE LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
	. = .	Name of Person		
		Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON, TX 77064			
		City/State and Zip Coo	le	
1	EFILE1234@INCFILE.CO			
5 6 1 . 6		to be used for future annu	al report notifi	cation)
For further information of	concerning this matter, please c	all:		
LOVETTE DOBSON		1	388-462-3453 	
Name o	of Person	Area Code	Daytime	Telephone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is o		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre			Address:	
Registration Section		•	tration Sec	
Division of Corporations P.O. Box 6327			ion of Corp Centre of Ta	
Tallahassee,		2415		Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABRICATED DAZE LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 07/21/2021 and assigned
lorida document number L21000331651	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ı <u>y here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2
<u> </u>	22 72
	OCT
nter new mailing address, if applicable:	25
Mailing address MAY BE A POST OFFICE BOX)	
	F +
. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new registe
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
·	r Florida street address
	F1 / 1

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

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>	Name	Address	Type of Action
AMBR	JERRY UPCHURCH	116 NE 20TH CT	□Add
		CAPE CORAL, FL 33909	■ Remove
		 	□Change
AMBR	JERRY UPCHURCH JR.	116 NE 20TH CT	■Add
		CAPE CORAL, FL 33909	□ Remove
			Change
			□Remove
			□Change
	 -		□Add
			□ Remove
			□Change
			□Adđ
			□ Remove
			□Change
		-	□Add
			□Remove
			□Change

amending	any other informa	tion, enter c	hange(s) here	e: (Attach ad	ditional sheets	s, if necessary.)	
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ffective dat	te, if other than the ate is listed, the date mus	date of filing	g:	to date of filing	or more than 90 o	_ (optional)	ursuant to 605 (
iote: If the o	date inserted in this blo ffective date on the Do	ock does not n	neet the applic	able statutory	filing requirem	ents, this date w	II not be liste
record speci I is filed.	fies a delayed effective	e date, but not	an effective ti	me, at 12:01 a	m. on the earli	er of: (b) The	90th day after
ated OCTO	BER 21		, 2021	·			
	Sheri	(lock	usch				
		Signature of a	member or author	orized represent	tive of a membe	r	. <u>-</u>
SF	i HE R I UPCHURCH						
			Typed or print	ed name of sign	te -		