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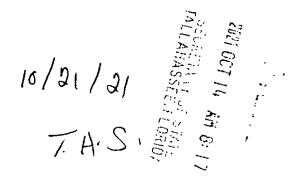
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COVER LETTER

TO:

TO: Registration Se Division of Cor					
Country Ci	harm Decor. LLC				
SUBJECT:	Name of Lin	nited 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:			
	Paul Smith				
		Name of Person			
	Country Charm Decor, LL	c			
		Firm/Company			
	2300 SE 157th Lane Road				
	-	Address			
	Summerfield, FL 34491				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	msmith@countrycharmdeco	or.com			
	E-mail address: (to be used for future annual report not	ification)		
For further information c	concerning this matter, please c	all:			
Paul Smith		720 749-8262			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he 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 Registration 9		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Col			
P.O. Box 632		The Centre of "			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 83					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Country Charm Decor, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/28/2021}{1}$ __ and assigned Florida document number <u>L21000426937</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 abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

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
AMBR	Paul Smith	2300 SE 157th Lane Road	□ Add
		Summerfield, FL 34491	□Remove
			X Change
AMBR	Mary Smith	2300 SE 157th Lane Road	bdd
		Summerfield, FL 34491	□Remove
			Change
			🗆 Add
			□Remove
			ZIGH OCT
			Add
			Remove
			□Add
		 	Remove
			□Add
			□Remove
			□Change

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Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific and cannot block does not meet t	he applicable			iling.) Pursuant to 605.	
he record specifies a delayed effer ord is filed.	tive date, but not an el	flective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
October 7	20.	21				
Dated						

Filing Fee: \$25.00

Typed or printed name of signee