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COVER LETTER

	EANFRONT	CANVAS & UPHOLST	ERY, LLC		
SUBJECT:		Name of Lim	ited Liability Company		•
The enclosed Art	ticles of Ame	idment and fee(s) are sub	mitted for filing.		
			_		
	Y	EZER GONZALEZ			
	Division of Corporations OCEANFRONT CANVAS & UPHOLSTERY, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: YEZER GONZALEZ Name of Person OCEANFRONT CANVAS & UPHOLSTERY, LLC Firm/Company 3112 44TH ST SW Address NAPLES FL 34116 City/State and Zip Code oceanfront.canvasupholstery@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ZER GONZALEZ Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy Certificate Copy Certificate Copy Certificate of Status Certified Copy Certificate				
	C	CEANFRONT CANVA	S & UPHOLSTERY, LLO	3	
	_		Firm/Company		
	3	112 44TH ST SW			22
			Address		SEP
	N	APLES FL 34116			26
	_		City/State and Zip Code		=======================================
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For further inform	nation concer			report notification)	₽
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	Name of Pers	non		Daytime Teleph	one Number
Enclosed is a che	eck for the fol	owing amount:			
□ \$25.00 Filin	g Fee 🔳		Certified Copy		Certificate of Status &
		on.			
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCENFRONT CANVAS & UPHOLSTERY, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/20/2022	and assigned
lorida document number 1.22000032469		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
WA.		
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS	5)	
		22
		438
nter new mailing address, if applicable:	N/A	SEP 26
Mailing address MAY BE A POST OFFICE BOX)		
-		9
		_· ·
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	īce address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent: N/A		
New Registered Office Address:		
·	Enter Florida street address	
	Flori	ida
	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 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>N</u> ame	Address	Type of Action
MGR	YEZER GONZALEZ	3112 44TH ST SW	≣ Add
		NAPLES FL 34116	□Remove
			[]Change
MGR	ABIEZER GONZALEZ	3112 44TH ST SW	
		NAPLES FL 34116	■Remove
			□Change
			□Add
			22
			□Change:; □Change:; □Rdd
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	09/20/2022		
fective date, if other than the date in effective date is listed, the date must be s	of filing: pecific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant	t to 605.02
nte: If the date inserted in this block document's effective date on the Depart	oes not meet the applicable statu	atory filing requirements, this date will not	be listed a
cument s'effective date on the Depart	ment of State's records.		
ecord enecities a dularund officiera dat	s but not an affination times at 12	2:01 a.m. on the earlier of: (b) The 90th da	<u>- 6</u> t
is filed.	s, but not an effective time, at 12	2.01 a.m. on the earner of: (b) The 90th a:	iy after in
SEPTEMBER 20TH	2022		
ated State of the	··		
() LA			
Sign	ature of a member or authorized repr	resentative of a member	

Filing Fee: \$25.00

Typed or printed name of signee