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SECRETARY OF STATE DIVISION OF CORPORATIONS 27

T. MATTHEWS APR 2 2 2022

COVER LETTER

TO:

Registration Section

Divis	ion of Corp	orations		
	BALKAN U	PHOLSTERY LLC		
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		ENXHI QIRJAKO		
			Name of Person	
		BALKAN UPHOLSTERY	LLC	
			Firm/Company	
		14691 INDIGO LAKES C	IRCLE	
			Address	
		NAPLES, FLORIDA 3411	9	
		BALKANUPHOLSTERY®	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further inf	ormation co	ncerning this matter, please ca	all:	
ENXHI QIRJ	AKO		239 231-0107	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose is a c	cheek (or ear	. dowing amount:		
		S30.00 Filing Fcc & 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)
Regi Divi P.O.	ing Address; istration So ision of Co Box 6327 ahassee, Fl	ection rporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STAFE SIGNETARY OF STAFE SIGNETA

BALKAN UPHOLSTERY LLC

(Name of the Limited Liability Compa (A Florida Limited L	iny <u>as it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 03/02/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
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 a	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Martin Land
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.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	ARDIAN QIRJAKO	14691 INDIGO LAKES CIRCLE	■Add
		NAPLES, FLORIDA 34119	□ Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			□Add
		·	Remove
			□Change
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(If an eff Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ent's effective date on the Department of State's records.
ie recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Data	APRIL 4 2022
Dated	// // > //
Dated	institute de la companya della companya de la companya de la companya della compa
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00