h22000188662

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COVER LETTER

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	Registration So Division of Cor			
01:0156	two.		ITED LIABILITY COMPANY	
SUBJEC	i:	Name of Limi	ited Liability Company	TOMPANY Tom
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		FREDY SALGADO		
			Name of Person	
		FRED'S UPHOLSTERY &	DESIGN LIMITED LIABILITY	COMPANY
			Firm Company	
		115 LAGO VISTA BLVD		
			Address	
		CASSELBERY.FL 32707		
			City/State and Zip Code	
		djkandelany@hotmail.com	FRESUPHOISTERY	QHOTNIIL CON.
				ncation)
For furthe	r information c	concerning this matter, please ca	ill:	
FREDY S	SALGADO		203 428-8464	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for t	he following amount:		
S \$25.0	0) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRED'S UPHOSTERY & DESIGN LIMITED LIABILITY COMPANY

FILED

2022 MAY 19 AM 8: 14

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) TALLAHASSEE, FL d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000188662</u> .	ny were filed on 05/01/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" 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 officagent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
-	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.

Cire

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	FREDY SALGADO	115 LAGO VISTA BLVD	■Add
		CASSELBERY, FL 32707	□Remove
			Change
			Change
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	Typed or printed name of sign	ee ——		