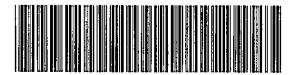
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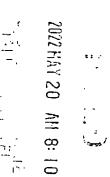
(Requestor's Name)
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(Document Number)
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Chapanan

COVER LETTER

Registration Section
Division of Corporations

Tallahassec, FL 32314

TO:

PRIME AU	TO UPHOLTERY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	OMAR J VARGAS				
		Name of Person			
	PRIME AUTO UPHOLTE	RY LLC			
		Firm/Company			
	12344 EASTCOVE DR				
	 	Address			
	ORLANDO, FLORIDA 32	2826			
		City/State and Zip Code			
	AUTOTRIMORLANDO@	GMAIL.COM			
	E-mail address: (to be used for future annual report not	ilication)		
For further information-c	oncerning this matter, please e	all:			
OMAR J VARGAS		407 227-5763			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ S25.00 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		Street Address:	ontion.		
Registration : Division of C		Registration Section Division of Corporations			
P.O. Box 632	•	The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME AUTO UPHOLTERY LLC

2022 HAY 20 AH 8: 10

(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 we	ere filed on 04/22/2022	and assigned
Florida document number L22000193912		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
PRIME AUTO UPHOLSTERY LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(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 here: Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	Nage .
	, I	Florida
	City	2 η/ Cont
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is
W.Ch	ng Registered Agent, Signatur	o 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:

or removed from our records:		
MGR = Manager	••	
AMBR = Authorized Member		•

<u> Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			bbA⊡
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			[]Change
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			□Remove
			☐Change
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			□ Change

Effective date, if other than the date of filing:	71										
If an effective 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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after rid is filed.											
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Once Vaya	d is filed.	•							f: (b) The	90th day after	r the
Chrien Vaya	Dated MQ	<u>y 16</u>	202	.2		·					
Signature of tinember or authorized representative of a member		_Ch	Men Sion	Dature of the	ember or ant	horized renn	esentative of	a member			
Ouar Vargas Typed or printed name of signee				JFR III	1		-50mm				

Filing Fee: \$25.00