1220002332159

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<u> </u>
·	,	
PICK-UP	MAIT	MAIL
	_	
(Bu	isiness Entity Name	·)
(Do	cument Number)	_
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



600389873546

8.24.31 3012 316 Fall 32

2022 JUN 24 PM 1: 35

A. BUTLER SEP 16 2022

COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJE	ст: <u>`RV</u>	UPHOLSTER Name of Limited	Y SERVICES (LIČ
The end	closed Articles of Ame	ndment and fee(s) are submi	tted for filing.	
Please	eturn all corresponden	ce concerning this matter to	the following:	
	_	Carole	Name of Poison	
		myers !	Wright F	PA
	-	HOW. F	Persholds 8	1., Ste 110
	-	Plant C	City/State and Zip Code	33563
	_	E-mail address: (to	myers and be used for future annual report	
For fur	ther information conce	rning this matter, please call	:	
	Carole \	Nright	at (BB) 70° Area Code Da	7 - 8838 Oylime Telephone Number
	ed is a check for the fo	llowing amount: 3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

RV UPHO	LSTERY SERVICESURLEY PM 1:35
(Name of the Limited Liability (A Florida	v Company as it flow appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L22000 23215</u>	ompany were filed on 5/18/22-17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	V / A
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N/A</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	MYERS + WRIGHT PA
New Registered Office Address:	110 W. REYNOLDS ST., STE 110 Enter Plorida street address
PL	ANT City, Florida 33563 Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
and the second s	and a mark to get in this agreeity. I fouthou agree to agree by with the

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	McLamb, Terry	108 Elizabeth St. Plant City, FL 3356	□Add
		Plant City, FL 3356	Remove
			□Change
MGR	McLamb, Terry JR.	108 Elizabeth St.	MAdd
		108 Elizabeth St. Plant City, Fr. 33566	Remove
		.	□Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Channa

				 .			 			
	 -		·						·	
								·	_	
				.					·	
		 -								
					<u></u>	_	<u>-</u> _			
									<u></u>	
					-	- .			-	
			<u> </u>							
	 _			<u> </u>					<u>.</u>	
					·	.				
			<u>-</u> _							
		-								
effectiv te: If th	e date is liste ne date inse	ed, the date of rted in this	he date of must be specif s block does e Departmen	ic and canno not meet th	t be prior to o te applicabl	18/2 date of filing or e statutory fi	more than 9	(option O days after fi ments, this c	ling.) Pursuant	to 605.02 be listed
cord sp	ecifies a de	layed effec	rtive date, bu	it not an ef	fective time	, at 12: 01 a .m	n. on the ea	rlier of: (b)	The 90th da	ıy after ti
ed	9	une	16	, <u> </u>	3032 8 11	1,6	L (PÂ		
				$\frac{1}{2}$	<u> </u>	ed representat	<u> </u>	 1		

Filing Fee: \$25.00