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Tallahassee, FL 32314

P.O. Box 6327

UPHOLSTERY BY GRACE

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: *	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspe	ondence concerning this matter	to the following:		
	GRACIELA CASTRO MI	ELCHOR		
		Name of Person		
	UPHOLSTERY BY GRA	CE LLC		
		Firm/Company		
	56 PINE DR			
		Address		
	LAKE ALFRED, FL 3385	0	,	0 63
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		1022 350
	gracielagutierrez428@gmai		;-; ;-;	4.09. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	E-mail address: (	to be used for future annual report noti	fication)	2022 HSV = 7
For further information c	oncerning this matter, please c	all:		
Graciela Gutierrez Melchor		863 588-5956	ن المارية المارية	7 PH 2: 2
Name o	f Person	at () Area Code Dayrim	e Telephone Number 1;	<u>- 2</u>
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop radditional copy	Status & y
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPHOSTERY BY GRACE LLC

(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 were filed on  $\frac{10/27/2022}{2}$ \_\_\_ and assigned Florida document number  $\frac{1.22000463606}{1.22000463606}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida \_\_\_ City 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>	Name	Address	Type of Action
MGR	Graciela Gutierrez Melchor	56 Pine Dr. Lake Alfred, FL 33850	□ Add
			■Remove
			□ Change
MGR	Graciela Castro Melchor	56 Pine Dr. Lake Alfred, Ft. 33850	<b>=</b> Add
			□Remove
		<del></del>	□ Change
	<del></del>		🗖 Add
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<b>Tective date, if other than the d</b> an effective date is listed, the date must b ote: If the date inserted in this bloc beament's effective date on the Dep	e specific and cannot k does not meet the	applicable st			: filing.) Pur		
record specifies a delayed effective of is filed.	late, but not an effe	ective time, at	12:01 a.m. on	the earlier of; (b	) The 90	th đay a	fter the
November 2	2022	<u>.                                    </u>					
sposida C	7 A						

Filing Fee: \$25.00