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TO:

Registration Section

Divis	ion of Corp	orations					,,		
SUBJEÇT: _	min	GREEN	DIAMON	n upHals	TERY	F CAN	IVAS LIC		
•			Name of Lim	ited Liability Com	pany	• •			
The enclosed ,	Articles of A	imendment ar	nd fee(s) are sub	mitted for filing.					
Please return a	ill correspon	dence concer	ning this matter	to the following:					
				RIXY PA	queN				
				Name of Po	erson				
		min	GREEN L	DIAMOND E	PHOL	STER	y & CANVAS, LEC		
				Firm/Comp	oan <u>y</u>		- -		
		81	8 NE 18	BM TER					
			_	Address	3	·			
		CA	PE CORA	IL, FL	339	09			
				City/State and Z	Zip Code				
				PAVONQ,					
				to be used for futur	re annual re	eport notifi	cation)		
For further inf	ormation co	ncerning this	matter, please c	all:					
RIX	7 PAVO	N		at (78	6, 3	572 -	7892		
	Name of	Person		Area C	ode	Daytime	Telephone Number		
Enclosed is a o	check for the	: following an	nount:						
∑ \$25.00 Fil	ling Fee	□ \$30.00 F Certific	iling Fee & ate of Status	S55.00 Fil Certified tadditional o	Copy		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Maili</u>	ing Address	<u>:</u>		<u>\$</u>	Street Ado	dress:			
Registration Section			Registration Section						
	sion of Co Box 6327	rporations			Division of Corporations The Centre of Tallahassee				
	ahassee, F						Street, Suite 810		
		•			Fallahas:				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GREEN DIAMOND UPHOLSTERY & CANVAS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>423000/144077</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Mim GREEN DIAMOND UPHOLS. The new name must be distinguishable and contain the words "Limited Liab	TERY & CANVAS, LIC
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
	20
	SE T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	∞ -
Stating dates State DE .TI OST OFFICE DOM	With B III
B. If amending the registered agent and/or registered office	
agent and/or the new registered office address here:	
Name of New Registered Agent:	
N. B. '. 1005 A.I.	
New Registered Office Address:	Enter Florida street address
	, Florida

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

Title	<u>Name</u>	Address	Type of Action
AMBR	RIXY PAVON	818 NE 18TH TER	XAdd
		CAPE CORAL FL 33909	□Remove
			□Change
			□Remove
			□ Add
			□Remove
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Note:	ive date, if other than the date of filing: [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne recor ord is fi	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.
Dated	09/18/2023
	The state of the s
	74
	Signature of a member or authorized representative of a member