LZ3000159395

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COVER LETTER

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Registration Section Division of Corporations

TO:

SUBJECT:	Upscal	e Upholstery LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed A	rticles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return al	l correspor	ndence concerning this matter	to the following:		
		Steven Jablonowski			
			Name of Person		
		Upcale Upholstery L	LC		
			Firm/Company		
		9407 FoxGlove Ln			_
			Address		3
		Naples Florida 3412	20	SECRETAL ST	,
			City/State and Zip Code	-•.	
		upscaleupholsteryof	naples@gmail.com	-39 m	5 :
		E-mail address: (to be used for future annual report noti	fication)	٠ ٠
For further info	rmation co	ncerning this matter, please c	all:	fication)	2
Steven Jat	olonowski	i	at ()		
	Name of	Person	Arca Code Daytim	e Telephone Number	
Enclosed is a ch	heck for the	e following amount:			
□ \$25.00 Fili	ng Fee	⊠ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
Regis Divis P.O.	ng Address stration S sion of Co Box 6327 hassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Upscale Upholstery LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000159395</u> .	any were filed on March 30, 2023 and assignment	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Upscale Upholstery & Canvas LLC		
The new name must be distinguishable and contain the words "Limited I	ciability Company," the designation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:	9407 FoxGlove Ln Naples Florida 34120	
Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:	9407 FoxGlove Ln Naples Florida 34130	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered off	<u> </u>	regisi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	

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
			🗀 Add
			□Remove
			☐ Change
			CJAdd
			□Remove
			☐ Change
			<u>c. ≥ □</u> Add
			DAdd
			□Remove
			□Change
			ÜAdd
			□Remove
			□Change
			□Remove
			□ Change

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. If amei	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	May 25 2023
	Signature of a member or authorized representative of a member
	Steven Jablonowski Typed or printed name of signee

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