

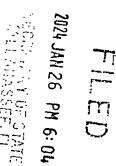
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|--|--|
| Up Closet SUBJECT: | s of St. Lucie LLC | | |
| SUBJECT: | Name of Li | mited Liability Company | |
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| | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | Kyle Foster | | |
| | - | Name of Person | |
| | Address Palm Beach Gardens, FL, 33410 City/State and Zip Code kioster@upclosets.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: \$30.00 Fiting Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Size Street Address: Street Address: Section Street Address: Street Address: Section Street Ad | | |
| | | Firm/Company | |
| | 571 Riverside Drive | | |
| | | Address | |
| | B.I. D. 144 4 | | |
| | Palm Beach Gardens, FL, | | |
| | kfaster@unclasets.com | City/State and Zip Code | |
| | | to be used for future annual report noti | fication) |
| For further information of | | | · |
| Kyle Foster | The second secon | | |
| · | | at () | |
| Name o | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres | | | |
| Registration S | | Registration Sec | |
| P.O. Box 632 | - | • | |
| Tallahassee, F | | | Street, Suite 810 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Up Closets of St. Lucie LLC | |
|---|---|
| (Name of the Limited Liability Company as it now appears or (A Florida Limited Liability Company) | our records.) |
| | |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{01/03}{2}$ | 2024 and assigned |
| Florida document number L24000007339 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| SF Closet Masters LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company." the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Timespar office address MUST BE A STREET ADDRESS) | |
| | S A T |
| P | 2 2 |
| Enter new mailing address, if applicable: | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| D. If amonding the registered areas and a series and a series and | |
| B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here: | ds, enter the name of the new registered |
| | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | |
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| | weet address |
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| | Zip Code |

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 = AMBR = | Man Autl | ager norized Member | | | |
|-----------------|-------------|------------------------|--------------|---------|----------------|
| <u>Title</u> | | <u>Name</u> | | Address | Type of Action |
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| ective date, if other than the confective date is listed, the date must | late of filing: be specific and cannot b | e prior to date of f | iling or more than 90 | (Optional)) days after filing.) Pursi | ant to 605.020 |
| te: If the date inserted in this blocument's effective date on the De | ck does not meet the | applicable statut | ory filing requires | nents, this date will n | ot be listed a |
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| cord specifies a delayed effective | date, but not an effec | tive time, at 12: | 01 a.m. on the ear | tier of: (b) The 90th | day after the |
| s filed. | | | | | |
| January 15th | 2024 | | | | |
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Typed or printed name of signee