



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000166167 3)))



H240001661673ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A1 GENERAL UPHOLSTERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED  
2024 MAY -7 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAY -7 PM 4:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 08 2024

T. LEMIEUX

## Articles of Amendment to LLC Articles of Organization of A1 GENERAL UPHOLSTERY LLC

The Articles of Organization for this Limited Liability Company were filed on  
ARTICLES II AND III and assigned Florida document number  
L24000163926.

This amendment is submitted to amend the following:

1. IN SECTIONS II AND III, CHANGE THE MAIN ADDRESS, OF THE REPRESENTATIVE  
AGENT AND THAT OF THE AUTHORIZED PERSONNEL. STAYING THE RIGHT WAY:  
517 NW 5TH ST CAPE CORAL, FL 33993.
2. IN SECTION III, CHANGE THE MAIN TITLE (P), TO THE TITLE OF MEMBER OF:  
FONSECA PINEDA, MARICELA
3. IN SECTION III, CHANGE THE TITLE SECRETARY (SEC), TO THE TITLE OF  
MEMBER OF: LA O HIDALGO, ORLEANS

These articles of amendment were adopted on 05/06/2024

Dated 05/06/2024

*Maricela Fonseca*

Signature of a member or authorized representative of a member

**MARICELA FONSECA**

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED  
2024 MAY -7 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL