L140000 28733

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



800353701158

10/19/20--01019--009 **25.00

11/23/20



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: MG	LUMBER.	LLC	
	Name of Lim	ited Liability Company	
This amplicated Authorise of	Amon Image and finds) are sub-	misself the filling	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	WELITON	1 PESTAN A Name of Person	C/O ANTONIO NARVAEZ
	MG LUM	BER, LLC Firm/Company	
	54015.K	IRKMAN RD	301TE 246
	ORLANDO,	FL 32819 City/State and Zip Code	· · ·
	WELITON P E-mail address: (to be used for future annual report not	MALL. COM.
For further information e	concerning this matter, please c	all:	
ANTONIO N	ARVAEZ of Person	at (<u>401</u>) <u>222</u> Area Code Daytim	-5292 e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 OCT 19 PM 4: 45

WG LUMBER, LI (Name of the Limited Liability Com	SECRETARY OF STATE pany as it now appears on our records (NEWS SEE . F.L. d Liability Company)
The Articles of Organization for this Limited Liability Companies L1400028.7	by were filed on $\frac{2/19/2014}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	54015. KIRKMAN RD SUITE 24 ORLANDO, FL 32819
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5401 S. KIRKMAN RD. SUITE 246 ORLANDO, FL 32819
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent: ANTO	NIO NARVAEZ
New Registered Office Address: 5401	5 KIRKMAN RD. SUITE 246 Enter Florida street address
ORLA	Florida 32819 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>	<u>Name</u>	Address	Type of Action
MGR_	ANTONIO NARVAEZ	5401 S. KIRKMAN RD SOITE 246 DRUNDO, FL 32819	(D)XJU
		ORLANDO, FL 32819	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			

<u></u>	OTHER PROVISIONS, IF ANY	_
> \$\frac{1}{2}\$	MY AND ALL LAWFUL BUSINESS	_<
		
		
		_
ee		
`an effect <u>{ote:</u> H	e date, if other than the date of filing:	605.026 listed :
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after th
ated 🔟	0/12/2020	
	/	

Filing Fee: \$25.00