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T. MATTHEWS FEB -7 2022

COVER LETTER

•	istration Sec ision of Corp		,	*
SUBJECT:	Paolillo Wo	odworks LLC	•	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Filing Angela		
		ZenBusiness, Inc.	Name of Person	
		5511 Parkcrest Drive, Suite	Firm/Company e 103	
		Austin, TX 78731	Address	
		fulfillment@zenbusiness.co	City/State and Zip Code m	
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all;	
Filing Ange	la		844 493-6249 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

; ,

Paolillo Woodworks LLC

22 JUL 23 PH 3: 29

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/16/2021 _____ and assigned Florida document number L21000124129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 202 S 16th St. Enter new principal offices address, if applicable: Fernandina Beach, FL (Principal office address MUST BE A STREET ADDRESS) 32034 202 S 16th St. Enter new mailing address, if applicable: Fernandina Beach, FL (Mailing address MAY BE A POST OFFICE BOX) 32034 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 Carmine Michael Paolillo	<u>Address</u>	Type of Action
AMBR			
			□ Remove
		202 South 16th Street Fernandina Beach, FL 32034	
			Add
			☐ Remove
			□ Change
			Add
			Remove
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			□ Remove
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			☐ Change
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ote: If the	date inserted in	an the date of fil date must be specific this block does no the Department of	ot meet the applic	able statutory filing	ore than 90 days after g requirements, this	onal) filing.) Pursuant to 605.02 date will not be listed a
		elayed effective he record is file		t an effective t	ime, at 12:01 a	.m. on the earlier
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The 90tl	,	_	2022	·		

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