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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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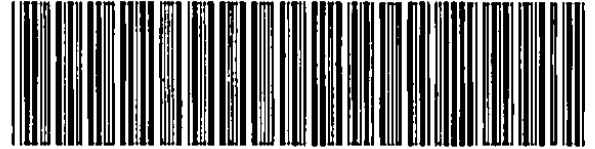
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

11/18/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOSTER WOODWORKS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. DAVID PENA
Name of Person

J. DAVID PENA, P.A.
Firm/Company

201 ALHAMBRA CIRCLE, SUITE 600
Address

CORAL GABLES, FLORIDA 33134
City/State and Zip Code

DPENA@PENA.LAW
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CALONSO@PENA.LAW at (305) 350-6800
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Enclosed is a check for the following amount:

- \$25.00 Filing 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOSTER WOODWORKS, LLC

(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 03/29/2022 and assigned Florida document number L22000152183.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13701 SW 143rd Court

Unit 101

Miami, Florida 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13701 SW 143rd Court

Unit 101

Miami, Florida 33186

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

_____, 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	J. David Pena	201 Alhambra Circle	<input type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change
AMBR	Gregory L. Mijares Diaz	13701 SW 143rd Court	<input type="checkbox"/> Add
		Unit 101	<input type="checkbox"/> Remove
		Miami, Florida 33186	<input checked="" type="checkbox"/> Change
MBR	QUEST 4	471 HWY 52 South (Trinity Road)	<input checked="" type="checkbox"/> Add
		Ancaster, Ontario L0R 1R0	<input type="checkbox"/> Remove
		Canada	<input checked="" type="checkbox"/> Change
MBR	Francisco J. Turueno Duffour	200 W. 24th Street	<input type="checkbox"/> Add
		Hialeah, Florida 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 FALL 17/18
 11:55
 11:18

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 16 . 2022 .

Signature of a member or authorized representative of a member

Gregory L. Mijares-Diaz

Typed or printed name of signee