

L220000413289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

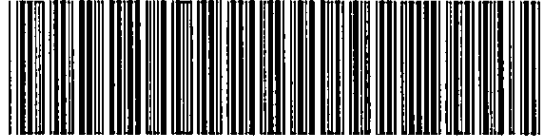
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2/3/23
M.V.



November 17, 2022

VIA EXPRESS MAIL

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

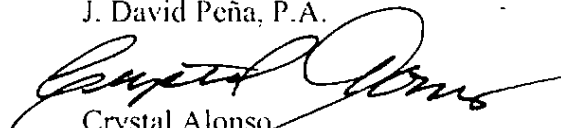
RE: Articles of Amendment

Dear Sir or Madam,

Enclosed, please find our Amended Articles of Incorporation for our client, Loster Wood - Florida, LLC. We have also enclosed a check in the amount of \$25.00 for the corresponding filing fee.

Should you need any additional information or documentation, please contact our offices. Thank you for your continued assistance.

Sincerely,
J. David Peña, P.A.



Crystal Alonso
Immigration Case Manager

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOSTER WOODWORKS - AVON PARK, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees 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, FL 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:

CRYSTAL ALONSO at (305) 350-6800
Name of Person Area Code Daytime Telephone Number

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 - AVON PARK, 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 09/01/2022 and assigned Florida document number L22000413289.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOSTER WOOD - FLORIDA, LLC

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	QUEST 4	471 HWY 52 SOUTH (TRINITY ROAD)	<input checked="" type="checkbox"/> Add
		ANCASTER, ONTARIO L0R 1R0	<input type="checkbox"/> Remove
		CANADA	<input type="checkbox"/> Change
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, FL 33186	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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)(b)

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