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(R	equestor's Name)	
(A	ddress)	
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(B	usiness Entity Nar	ne)
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22 FEP -1 PH12: 32

T. MATTHEWS

FEB - 9 2022

COVER LETTER

Division o	on Section f Corporations		7 4
SUBJECT:	Tood Like NEW LL Name of Limit	ed Liability Company	<u>.</u> .
The enclosed Articl	es of Amendment and fee(s) are subn	nitted for tiling.	
Please return all cor	rrespondence concerning this matter to	o the following:	
	Tim Judy	Name of Person	
	wood Like N	Yew LLC Firm/Company	
	1509 Chast	Address	
	Johns Islam	D SC 294 City/State and Zip Code	55
	<u>woodlikene</u> E-mail address: (to	wa Gmnil . C. be used for future annual report not	fication)
For further information	tion concerning this matter, please cal	1:	
//m	Judy ame of Person	at (<u>321)</u> <u>474</u> Area Code Daytim	E-9003 e Telephone Number
Enclosed is a check	for the following amount:		
5 25.00 Filing F	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

AGEST 11 PHU2: 32

wood LIKE NEW, L	LC
Wood LIKE NEW L (Name of the Limited Liability Compa (A Florida Limited L	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $6-1-2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4260 DOW RD # 405
(Principal office address MUST BE A STREET ADDRESS)	4260 DOW RD # 405 MELBOURNE, FL 32934
Enter new mailing address, if applicable:	1509 CHASTAIN RD
(Mailing address MAY BE A POST OFFICE BOX)	Johns ISLAND, SC 29455
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
registered szince riddices.	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
Title	Name	Address	Type of Action
MGR	DAVID, T. Judy	Johns Island, SC 294.	धित्रविव
		Johns Is/AND, SC 294.	55 □Remove
		<u> </u>	□Change
			□Add
			□Remove
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ocument s e	ricctive date on t	ne Departmen	t of State's recor-	us.				
record speci l is filed.	fies a delayed eff	fective date, bu	it not an effective	e time, at 12:01	a.m. on the ea	arlier of: (b)	The 90th day ati	ter the
ated	1-26-	2022						
) o_					
		*	of a member or au					

. . . .

Filing Fee: \$25.00