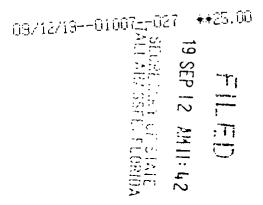
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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	WOOD S	TORE LLC		
SOBJE.	C1	Name of Lin	nited Liability Company	
			_	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		SANDRA B. MASSO		
		Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: SANDRA B. MASSO PEAK CORP Firm/Company 16475 Golf Club Rd Suite # 304 Address Weston, Fl. 33326 City/State and Zip Code peakcorp@hotmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: SO 954 at (
		16475 Golf Club Rd Suite	• •	
		Weston, Fl. 33326	Address	
		peakcorp@hotmail.com	City/State and Zip Code	
e e a			•	fication)
	er information (concerning this matter, please co		
	_	of Person	at ()	e Telephone Number
Enclosed	l is a check for t	he following amount:		
S 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

WOOD STORE LLC		
(<u>Name of the Limited Liubil</u> (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on 06/30/2015	and assigned
Florida document number L15000113009	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· ·	<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)	SE SE
		AG N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		F. SIA D
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	EDMUNDO GONZALEZ	Homestead Fl. 33032	Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove Service Change.
 -			Add Add Remove
			☐ Change
			
			□ Remove
			Change
			
			Remove
			☐ Change

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing a	requirements, this date will not be listed
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
Dated Pagast 31 2019.	
Dated Propulse	
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Signature of a mouther or authorized consequentation of	! a miniminue
Signature of a member or authorized representative of	t a member

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