

L140000 61030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

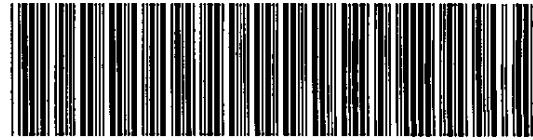
(Document Number)

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FILED
JAN 17 2017
17 JAN 17 AM 10:28

JAN 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carpentry Mart Copans, 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:

Name of Person

Firm/Company

1901 W Copans RD
Address

Pompano Beach, FL 33069
City/State and Zip Code

difesa2000@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Feipo

Name of Person

at (786)
Area Code

3999689
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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 JAN 17 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 4, 2017

CARPENTRY MART COPANS, LLC
1901 W COPANS RD
POMPANO BEACH, FL 33069

SUBJECT: CARPENTRY MART COPANS, LLC
Ref. Number: L16000061030

We have received your document for CARPENTRY MART COPANS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00000156

FILED
2017 JAN 17 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2016

CARPENTRY MART COPANS, LLC
1901 W COPANS RD
POMPANO BEACH, FL 33069

SUBJECT: CARPENTRY MART COPANS, LLC
Ref. Number: L16000061030

RECEIVED
2017 JAN -3 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CARPENTRY MART COPANS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name of business, date of filing, and document number is missing on form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00027108

FILED
2017 JAN 17 AM 10:28
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2016

ABDIAS VILLALOBOS
1901 WEST COPANS RD
POMPANO BEACH, FL 33069

SUBJECT: CARPENTRY MART COPANS, LLC
Ref. Number: L16000061030

RECEIVED
2016 DEC 16 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CARPENTRY MART COPANS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 016A00023237

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 17 AM 10:28

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

Carpentry Mart Copms 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 03/28/2016 and assigned Florida document number L16000061030.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
CLERK OF COURT
17 JAN 17 AM 10:28

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 attending 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>
<u>D</u>	<u>MARIA Bonassisi</u>	<u>10378 NW 30 Ter</u>	<input type="checkbox"/> Add
		<u>DORAL, FL 33172</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>P</u>	<u>ORLando gARCIA</u>	<u>1901 WEST COPANS RD</u>	<input type="checkbox"/> Add
		<u>Pompano Beach, FL 33069</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FILED
JAN 17 AM 10:28
NOTARY PUBLIC
STATE OF FLORIDA

[illegible]

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.

Dated Miami, 01/09/2017.

Mariaß

Maria BUONASSISI

17 JUN 17 AHID:28

FILED