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(Requestor's I	Name)
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COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT:	ANGELO'S Name of Lim	5 M, LLWORK ited Liability Company	, LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	DAWN	M MCDONAL Name of Person	<u>D</u>
		Lo's Millwork, L	
	619	7 PARK RD Address	
	FOR	T MYERS, FL City/State and Zip Code And Company 1@90 o be used for future annual report notific	33908
-	angeloa E-mail address: (t	and Company <u>1@911</u> o be used for future annual report notific	cation) CoM
For further information conce	erning this matter, please ca	ıll:	2 018
DAWN M MG	EDONALD	at (239) 989- Area Code Daytime	4935
Name of Per	son	Area Code Daytime	4935 Telephone Number
Enclosed is a check for the fo	lloying amount:		
□ \$25,00 Filing Fee 2	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELO'S	MILLWORK, LLC			
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number		<u>'6</u> an	d assig	gned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviatio	on "L.L.	C."
Enter new principal offices address, if applicable	<u> </u>			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0			
Training minited hart BETT OF THE BOT	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente address here:	r theina	ine of	the new
Name of New Registered Agent:		(n)		4
New Registered Office Address:			σ.	
	Enter Florida street address	5	=	
	, Florida	ر ئى 1 -	3	
	City	Zip C	'ode	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ANGELO TEOFRIO	4197 PARK Rd Fort Myris 3390	8 d Add
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		ffecti	ve date, if other than the date of filing:
Effective date, if other than the date of filing:	date, if other than the date of filing:	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
f 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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	re 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 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	docum	ent's effective date on the Department of State's records.
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Filing Fee: \$25.00