## 117000043953

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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N. CAUSSEAUX MAR 22 2018

## **COVER LETTER**

Division of Cor	porations		
MICAMI C	USOM MILLWORK LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	JOSE C CAROZZO		
		Name of Person	
		Firm/Company	
	16815 SARAHS PLACE A	PT 102	
		Address	
	CLERMONT FL 34714		
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ıll:	
JOSE C CAROZZO		at () 9074443 Area Code Daytime	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

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

MICAMI CUSOM MILLWORK LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000043953	were filed on FEBRUARY 24, 2017	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:	
MICAMI CUSTOM MILLWORK LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		=
		70
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		Rec
		0. 4
B. If amending the registered agent and/or registered of		ne name of the nev
registered agent and/or the new registered office address here	<u>≥</u> :	
Name of New Payiotanad Agasts		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	лір Соае
·		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar with and this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			□ Remove
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ective date, if other the	an the date of fili	na•		(0	ptional)
n effective date is listed, the d	late must be specific a	ind cannot be prior	to date of filing o	r more than 90 days a	after filing.) Pursuant to 605.0
te: If the date inserted in cument's effective date or				ling requirements,	this date will not be listed
record specifies a de	elaved effective	date but no	t an effective	e time at 12:0	1 a.m. on the earlier
he 90th day after th			c arr circula	z time, de 12.0	1 dilli on the cume
		1			
MARCH 17		2018			
	1/2	Fax			

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Typed or printed name of signee

Filing Fee: \$25.00