

L17000125354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

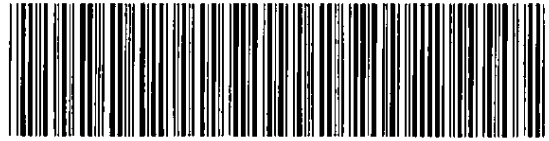
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200414798072

09/06/23--01011--025 \*\*30.00

Handwritten signature or initials



# Tax Professional Services, LLC

A Financial Services Corporation  
1105 W Maple Ave  
Geneva, AL 36340  
334-684-6398  
334-684-7193 -fax  
[www.taxprollc.com](http://www.taxprollc.com)

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

August 29, 2023

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern,

Enclosed you will find: original and one copy of Articles of Amendment to Articles of Organization and check for payment.

Please register the enclosed Articles of Amendment for WSM Sawmill, LLC and return the original recorded Articles to us.

Thank you.



Ulli Steiner  
Tax Professional Services, LLC

Enc.

Cert#: 7022 2410 0001 5305 9922

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WSM Sawmill, 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:

Ulli Steiner

\_\_\_\_\_  
Name of Person

Tax Professional Services, LLC

\_\_\_\_\_  
Firm/Company

1150 W Maple Ave

\_\_\_\_\_  
Address

Geneva, AL 36340

\_\_\_\_\_  
City/State and Zip Code

ulli@taxprollc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ulli Steiner

334

684-6398

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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 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**

WSM Sawmill, 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 06-08-2017 and assigned  
Florida document number L17000125354.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

McGowan Carpentry and Handyman Services, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

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

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If 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 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 24, 2023

  
Signature of a member or

Signature of a member or authorized representative of a member

William S McGowan

Typed or printed name of signee