

L17000132822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

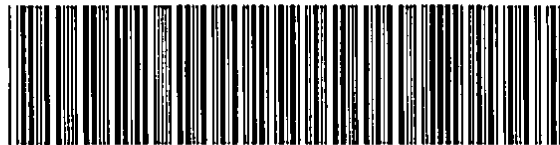
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N. CAUSSEAU

AUG 11 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALL MILLWORK, 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:

ABRAHAM E BEATO

Name of Person

ALL MILLWORK LLC

Firm/Company

7904 EMPIRE AVENUE

Address

ORLANDO, FL 32810

City/State and Zip Code

allmillworkllc@gmail.com

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

For further information concerning this matter, please call:

ALBERTO FERREIRA 954 954-2727

Name of Person at (_____) Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

ALL MILLWORK, 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 06/19/2017 and assigned
Florida document number L17000132822.

This amendment is submitted to amend the following:

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:

7904 Empire Avenue

Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32810

Enter new mailing address, if applicable:

7904 Empire Avenue

Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32810

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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:

7904 Empire Avenue

Enter Florida street address

Orlando

Florida 32810

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Alberto Ferreira	7904 Empire Avenue	<input checked="" type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Abraham E. Beato	7904 Empire Avenue	<input type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Claudia Ferreira	7904 Empire Avenue	<input type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Remove
Change
Add
Remove

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

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Effective date, if other than the date of filing: _____ (optional)

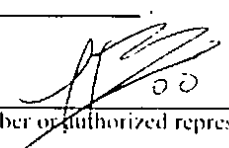
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

i) The 90th day after the record is filed.

Dated August 6, 2017



Signature of a member or authorized representative of a member

Abraham E Beato

Typed or printed name of signee