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COVER LETTER

	Registration S Division of Co				1
aus ma		Moldings, LLC			
SUBJEC	:T:	Name of Limi	Name of Limited Liability Company		
The enclo	osed Articles o	f Amendment and fee(s) are sub-	nitted for filing.		1
Please re	turn all corresp	oondence concerning this matter	to the following:		!
		Steven E. Wallace, Esq.			
			Name of Person		
		The Wallace Law Group, F	L		
			Firm/Company		
		2240 W. Woolbright Road	#403		į
		·	Address		1
		Boynton Beach, Florida 33	426		1
		wallacelaw1@me.com	City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For furth	er information	concerning this matter, please ca	11 1:		
Steven I	E. Wallace, Esq] .	561 877-6	020	
	Name	of Person	at () Area Code	Daytime Telephone Number	1 (
					1
Enclosed	d is a check for	the following amount:		ļ	
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is a	atus &
		LING ADDRESS: stration Section	STREET/C Registration	COURIER ADDRESS:	
	Divis	sion of Corporations	Division of	Corporations	
		Box 6327 thassee, FL 32314	Clifton Buil 2661 Execu	ding tive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Moldings, LLC	;
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on August 9, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.U.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
	1 1 to
	- · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>්</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new
registered agent and/or the new registered orrice address	nere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Nam Desistance Assent's Signature if shanging Desistance Ass	City Zip Code
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and compa	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
ĪF	Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Antonio Colmenares	2240 W. Woolbright Road #403	■ Add
		Boynton Beach, FL 33426	
			Ü Change
AR/mgr	Stanley Bielec	2240 W. Woolbright #403	
		Boynton Beach, FL 33426	■ Remove
			Change
			□ Remove
			Change
	<u>-</u>		D Add
			Remove
			Change
			— □ Vqf
			Remove
		 	□ Change
	 		∪ V,qqg
			Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	- ;
	!
Effective date, if other than the date of filing: (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.) Pursu Note: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	uant to 605,0207 (3)(b not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the solution of the	ne earli e r of:
Dated November 1. 2017	201:
Signature of a member or authorized representative of a member Cuu Cuu Uu Typed or printed name of signee	7 HIV -3
Page 3 of 3	in in so

Filing Fee: \$25.00