## 117000238820

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Corporations Southwest FL Trim & Millwork LLC SUBJECT: 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: Dairo Llauger Name of Person Southwest FL Trim & Millwork LLC Firm/Company 906 SW 47th Ter Cape Coral, FL 33914 City/State and Zip Code swfltrim@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dairo Llauger Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Florida document number L17000238820	and assigned				
his amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here	:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	gnation "LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable:		c/o: Dairo Llauge		-	-
(Principal office address MUST BE A STREET ADDRESS)		906 SW 47th Ter	+1	18	SIAE
		Cape Coral, FL 3	3914	d. St.	25 25 25 25 25 25 25 25 25 25 25 25 25 2
Enter new mailing address, if applicable:		c/o: Dairo Llauge	r	-7 PI	TARY OF
(Mailing address MAY BE A POST OFFICE BOX)		906 SW 47th Ter	#1	22	30
		Cape Coral, FL 3	3914	03	
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		<u>e</u> :	ur records, <u>enter</u>	r the name o	of the
	906 SW 47th	Ter # 1			
New Registered Office Address:	300 344 47(11		street address		
	Cape Coral		Florida 3	3914	
	<del> </del>	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, Sgnature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00