## P207P0000811

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dashiess Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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8/19/21

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	MWILSON	CARPENTRY LL	^_
3003201,		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	PAT	RICIA PULLARI Name of Person	
	APVAN	CE FINANCIAL SE Firm/Company	EVICE_
	3924 Con	EAL RIDGE DRIVE Address	:- <u></u>
	<u>cæm</u> s	PEINGS FL 33 ( City/State and Zip Code	065
	Dotyi Co Elmail address: (	to be used for future annual report noti	ail-com
For further information c	oncerning this matter, please c	all:	
	ia Pollari	at (954) 255- Area Code Daytim	3848
Name o	f Person	Area Code Daytim	le Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	otion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	-
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 1800097<b>0</b>69</u> .	4/17/2018 and assigned
This amendment is submitted to amend the following:	
A. 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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our	
agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter F	lorida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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is filed.		;							
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