

L19000039169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

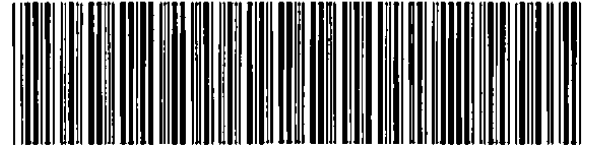
(Business Entity Name)

(Document Number)

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

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07/10/19--01016--003 \*\*25.00

FILED  
2019 JUL 10 PM 4 23  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

JUL 10 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CUSTOM MILLWORK USA 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:

TOBY ASHTON

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

CUSTOM MILLWORK USA LLC

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

13858 CAYWOOD POND DRIVE

\_\_\_\_\_  
Address

WINDERMERE, FL 34786

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

tobyashton1@gmail.com

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

For further information concerning this matter, please call:

TOBY ASHTON

321 947-4805

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company) 2013-2014

FEBRUARY 7 2019

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

**Enter new principal offices address, if applicable:**

412 FARMERS MARKET ROAD

FORT PIERCE, FLORIDA 34982

**(Mailing address MAY BE A POST OFFICE BOX)**

412 FARMERS MARKET ROAD

FORT PIERCE, FLORIDA 34982

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

City

Zip Code

*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**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	OMNI HOLDINGS INC	13858 CAYWOOD POND DR WINDERMERE, FL 34786	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANLIO CAPALDI	152 VIA VERACRUZ JUPITER, FL 33458	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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.

7/3. 2019.

TOBY ASHTON

Typed or printed name of signee