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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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5/21/20

COVER LETTER

TO: Registration Section Division of Corpora			
auguner Michil	LAN H SURVES 11	C	
SUBJECT: Willy	Name of Limi	ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub-	nitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
	To.	Smith	
-		Name of Person	·
_	Will Work 4 S	Firm/Company	
		Firm/Company	
	G470 A1	0 1	
-	7118 Aloma	Bind LN Address	
	Oviedo FL.	32 745 City/State and Zip Code	
-		City/State and Zip Code	
	infoll Jays	mith empowers.	Coin
	E-mail address: (t	to be used for future annual	report notification)
For further information conce	erning this matter, please ca	all:	
terring	Smith	m (407)	501-1834
Name of Per	son	Area Code	501-1834 Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy	& S60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is end	dosed) Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street A	
Registration Sect			ation Section
Division of Corp	orations		n of Corporations ntre of Tallahassee
P.O. Box 6327	22214		. Monroe Street, Suite 810
Tallahassee, FL	3 2314		issee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mill Work (Name of the Limite (4 Success L d Liability Compan A Florida Limited Li	_L C v as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 1900a 96876</u>		vere filed on <u>DcCe</u>	mber 4th20	19 and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	y Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	9978 Aloma	Bend LN	
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or re	<u>(OX)</u> gistered office ad			FL 32733
agent and/or the new registered office address	s nere:			. :
Name of New Registered Agent:	<u> </u>			<u>.</u>
New Registered Office Address:	P.O. Box	955 Goldencod Enter Florida str	eet address	<u>;;</u>
	Go	lden cod City	, Florida	32773 Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist	r and complete p	erformance of my d	uties, and I am	familiar with and

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>	Address	Type of Action
N A	N A	N/A	
			Петюче
		-	Change
		 	□Add
			Remove
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