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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
OCT 05 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOOD DESIGN R US L.L.C.

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:

MARIE D'AMELIO

Name of Person

WOOD DESIGN R US L.L.C.

Firm/Company

7901 4TH STREET NORTH SUITE 4000

Address

ST. PETERSBURG FLORIDA 33702

City/State and Zip Code

ACCOUNTING@DFTCOMPANIES.COM

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

For further information concerning this matter, please call:

MARIE D'AMELIO

Name of Person

407 369-8301
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WOOD DESIGN R US L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 01/09/2020 and assigned
Florida document number L200000017254.

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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7901 4 TH STREET NORTH

SUITE 4000

ST. PETERSBURG, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4 TH STREET NORTH

SUITE 4000

ST. PETERSBURG, FL 33702

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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>
AMBR	MARIE D'AMELIO	7901 4 TH STREET NORTH	<input checked="" type="checkbox"/> Add
		SUITE 4000	<input type="checkbox"/> Remove
		ST. PETERSBURG,FL 33702	<input checked="" type="checkbox"/> Change
MGR	JODI D'AMELIO	7901 4 TH STREET NORTH	<input type="checkbox"/> Add
		SUITE 4000	<input type="checkbox"/> Remove
		ST. PETERSBURG,FL 33702	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 AUG 18 PM 5:13
TALLAHASSEE, FL
SECURITY NAME

2020 AUG 18 PM 5:3
SECOND JAIL
TALLAHASSEE, FL

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2020 AUG 18 PM 5:37
ST. JAMES
TALLAHASSEE, FL

(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.

Dated 08/17/ 2020

Marjanelo

Signature of a member or authorized representative of a member

MARIE D'AMELIO

Typed or printed name of signee