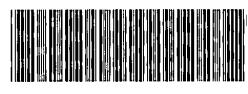
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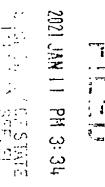
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Document Number)			
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	or King, LC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
	Paris Suarez Name of Person Wood Working, LLC Firm/Company
2039 Florid	Address Scapberry Bludie &
	Orida 32828 City/State and Zip Code Cod wor King@ GMail. Com who be used for future annual report notification)
For further information concerning this matter, please cal	II:
Gabriel Paris Swarez Name of Person	at (321) GOI 3938 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of \$tax
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

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

S3 Custo	m Wood	working ht	L		
(Name of the Limited	(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 Lia Florida document number <u>L20000195</u>		were filed on <u>51</u>	113/2020		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited lial	oility company here:	:		
53 Custom Renovation The new name must be distinguishable and contain the work	and We	and Working Company," the design	nation "LLC" or the abbrevia		
Enter new principal offices address, if applical		NA	200		
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>	716		
Enter new mailing address, if applicable:		NIA			
(Mailing address MAY BE A POST OFFICE B	OX)		11.05 Q		
B. If amending the registered agent and/or regagent and/or the new registered office address	• "	address on our reco	ords, <u>enter the name of</u>		
Name of New Registered Agent:	NI	<u> </u>			
New Registered Office Address:		Enter Florida	Scapberry E		
	Driana	City	, Florida <u>32</u> zi		
New Registered Agent's Signature, if changing Re	gistered Agent	<u>:</u>			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this co	· and complete ered agent as gistered office	performance of my provided for in Cha	duties, and I am famil opter 605, F.S. Or, if the		
•	If Cha	N A	. Signature of New Register		

<u>Title</u>	<u>Name</u>	Address	
Title N			
			303
			N I P
		TELL OF STATE	H 3: 34
		-	

or removed from our records:

NA	
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E. Effective date, if other than the date of filing: 01 07 201 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Purst
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	
document s effective date on the Department of State s records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m record is filed.	, on the earlier of: (b) The 90th
Dated January 07 . 2021. Gradua Success Signature of a member or authorized representative.	
Gali. D. Sugar	
Signature of a member or authorized representative	ve of a member
Gabriel Sucrez Typed or printed name of signee	

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