L20000044958

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DATE:

03/03/20

NAME:

ELITE CARPENTRY & PERGOLA LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE CARPENTRY & PERGOLA LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recorted Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Comp	any were filed on 02/07/2020	and assigned
lorida document number L20000044958		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		2020 HAR
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u>ω</u> !
		The same
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		F 5
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ice address on our records, <u>ente</u>	r the name of the new regist
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	PSS
	្	lorida
	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>	Address	Type of Action
MGR	PETER A. GOMEZ	4308 SW 134TH AVE, MIRAMAR, FL 33027	\exists Add
			□Remove
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ffective date, if other than the da	ite of filing:		(option:	al)	
<u>Note:</u> If the date inserted in this block	c does not meet the applic	able statutory filing rec	ian 90 days after fili Juirements, this d	ing.) Pursua ate will no	nt to 605.0207 t-be listed as
locument's effective date on the Depa	rtment of State's records.				
annual annual Command and a commission of			a andia at the	Th. 00th.	lass a Gaustia
record specifies a delayed effective dad is filed.	ate, but not an effective ti	me, at 12:01 a.m. on th	e carner or: (b)	The 90m (lay after the
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Dated MARCH 2	. 2020	- TAID	\checkmark		
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