

L20 000 1450 38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

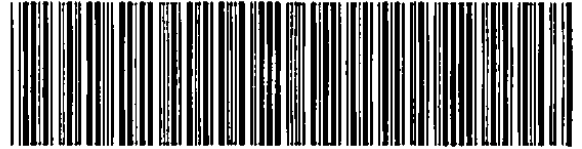
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Albritton

DEC 01 2020
ALBRITTON

TO: Registration Section
Division of Corporations

SUBJECT: OGP CUSTOM WOODEN FINISHES 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:

OMAR GE PENA

Name of Person

Firm/Company

10615 NOAHS CIR

Address

NAPLES, FL 34116

City/State and Zip Code

OMARGEPENA1077@GMAIL.COM

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

For further information concerning this matter, please call:

OMAR GE PENA

786 359-1638

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

NAPLES, FL 34116

NAPLES, FL 34116

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Char
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Chan
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Chan

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please ADD Apartment number 913
to principal and mailing Address

Apt # 913

← Thanks

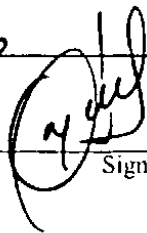
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.1

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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. on the earlier of: (b) The 90th day after record is filed.

Dated 11-9-2020, _____

7 

Signature of a member or authorized representative of a member

Omar Ge. Pena

Typed or printed name of signee