L20 000165356

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



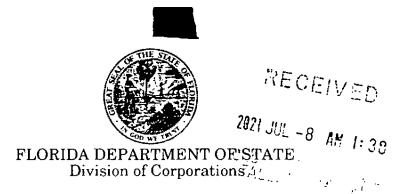


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May 21, 2021

JOSEPH BAEZ 8103 BANYAN BLVD ORLANDO, FL 32819

SUBJECT: JOE'S CUSTOM WOODWORKING LLC

Ref. Number: L20000165356

We have received your document for JOE'S CUSTOM WOODWORKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000040549.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00010834

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co.					
	STOM WOODWORKING LL	c .			
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	JOSEPH BAEZ				
		Name of Person			
		Firm/Company			
	8103 BANYAN BLVD				
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
	JM-BAEZ@HOTMAIL.C		<u></u>		
	E-mail address: (to be used for future annual report no	tification)		
For further information of	concerning this matter, please of	all:			
JOSEPH BAEZ		407 948-4218			
Name of Person		at () Area Code Dayti:	me Telephone Number		
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration S	ection		
Division of Corporations		-	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		, Florida
-	Enter Florida street	address
New Registered Office Address:		<u>්</u> ස
Name of New Registered Agent:		<u>, e</u>
		<u> </u>
If amending the registered agent and/or registered office address b		enter the name of the new regis
		æ 22
failing address MAY BE A POST OFFICE BO	<u> </u>	
nter new mailing address, if applicable:		
rincipal office address MUST BE A STREET	<u>ADDRESS)</u>	
nter new principal offices address, if applicable	le:	
e new name must be distinguishable and contain the word		n "LLC" or the abbreviation "L.L.C."
If amending name, enter the new name of th		1 1 1 1 4
is amendment is submitted to amend the following	ing:	
orida document number L20000165356	<u> </u>	
ne Articles of Organization for this Limited Liab	ility Company were filed on JUNE 15, 2	2020 and assigned
(,,	Liability Company as it now appears on our Florida Limited Liability Company)	
18		

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 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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			Change
<u></u>			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
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