L20000 168518

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
\ ₀ 0\
15/dec.
10/2/3011
0,

Office Use Only



900373645039

09/28/21--01019--008 **25.00

TILED

2021 SEP 28 PM 12: 44

SECRETARY OF STATE

ALL AHASSEY F

COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations				
ein mer.	MILLWORK BY CLAY LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CLEIDSON BATISTA M	ARTINS			
			Name of Person			
		MILLWORK BY CLAY I	LLC			
			Firm/Company			
	MILLWORK BY CLAY LLC					
			Address			
		BOCA RATON, FL 33428	\$			
			•			
				cation)		
For further in	iformation co	oncerning this matter, please ca	all:			
CLEIDSON	BATISTA N	MARTINS	561 215-6220			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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)		
	iling Address		Street Address: Registration Sect	tion		
		orporations	Division of Corp			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 28 PH 12: 44

MILLWORK BY CLAY LLC

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

liability company here:	
liability company here:	
liability company here:	
iability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u> </u>	
	
ce address on our records, <u>enter tl</u>	he name of the new registere
Entar Florida stront address	
, Flor	r ida
	Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARLI PIRES DE SOUZA	314 NW 50TH CT	≘ Add
		DEERFIELD BEACH, FL 33064	□Remove
			□Change
			🗆 🖂 🖂 🖂 🗎
			🗆 Remove
			□Change
.			□Add
		-	☐Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
		.	□Add
			□Remove
			□Change

				
			<u> </u>	
			_	
		<u> </u>		
		··		
				
				
				· · · · · · · · · · · · · · · · · · ·
unding data if other than	Abo data of filippo		(antional)	
te: If the date inserted in the	the date of filing: must be specific and cannot be p is block does not meet the ap ic Department of State's reco	plicable statutory filing	(optional) re than 90 days after filing.) Pursua requirements, this date will no	ant to 605.0207 of be listed as
cord specifies a delayed effe s filed.	ective date, but not an effective	ve time, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after the
09/23 ed	2021			
			of a member	

Typed or printed name of signee