

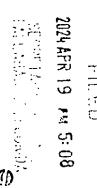
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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04/18/24--01014--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Woods Sons Group 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:
Michael Woods Jr. Name of Person
Woodse Wood's Sons Group LLC Firm/Company
3925 Centerville Way
Somford FL 3277/ City/State and Zip Code
Sombord FL 3277/ City/State and Zip Code Michael. Wood 28 @ symail. www. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael T. Woods Jr. at (708) 574.2699 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Woods + Wood's	Sons (Group LLC		
(<u>Name of the Limite</u>	d Liability Compan A Florida Limited L	iy as it now appears on out ability Company)	r records.)	
The Articles of Organization for this Limited Lia		were filed on 💍 💍	11 2020	and assigned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREE	ıble:	ty Company," the designat	ion "LLC" or the ab	obreviation "L.L.C."
Enter new mailing address, if applicable:			2-	2024 APR
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			19 E
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a s here:	ddress on our record	s, enter the nan	्रं भी ië of ध्रि e new registered
Name of New Registered Agent:		a Mernitt		
New Registered Office Address:	3925	Centenvilles Enter Florida stre	Day ret address	<u> </u>
	Sonford	City	, Florida	3277/ 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.	Asheka Merritt	3925 Centerville Way	
		Sonford, PL 32771	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			🗆 Add
			Remove
			□Change
			□Remove
			□Change

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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If an effective d Note: If the	te, if other than the date of filing:
e record speci rd is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Ann 15,2184
	Wichsel 1. Woods fr
	Signature of a member or authorized representative of a member