

120 000 256 035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

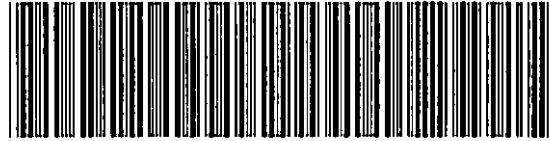
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600368908166

07/22/21--01030--005 **30.00

8/6/21
[Signature]

2021 8/12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Decor Custom Woodwork 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:

Velma Gayle
Name of Person
Decor Custom Woodwork LLC
Firm/Company
925 Pine Circle Suite 1
Address
Greenacres
City/State and Zip Code
scottie@decorcustomwoofwork.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald E Scott at 561 6313240
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Deocr Custom Woodwork LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/19/2020 and assigned
Florida document number L2000256035.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ronald E Scott

New Registered Office Address:

619 NW 24th Ave

Enter Florida street address

Boynton Beach

Florida

33426

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.

Ronald E Scott

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Velma Gayle	925 Pine Circle Suite 1	<input type="checkbox"/> Add
		Greenacres	<input type="checkbox"/> Remove
		Fl, 34463	<input checked="" type="checkbox"/> Change
MGR	Ronald E Scott	925 Pine Circle Suite 1	<input checked="" type="checkbox"/> Add
		Greenacres	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Andrew Richards	925 Pine Circle Suite 1	<input checked="" type="checkbox"/> Add
		Greenacres	<input type="checkbox"/> Remove
		Fl, 34463	<input type="checkbox"/> Change
AMBR	Joel Antonio Richards	925 Pine Circle Suite 1	<input checked="" type="checkbox"/> Add
		Greenacres	<input type="checkbox"/> Remove
		Fl, 34463	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

7/6/2021

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.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee