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SECRETALLY OF STATEMS DIVISION OF COMPORATIONS 22 APR 14 PH 5: 18

T. MATTHEWS MAY - 9 2022

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	JAS DOORS AND	MILLWOLK LLC	
	Name of Lim	MILLWOLK LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALIEN	6071 EARLEZ Name of Person	
		Name of Person	
	INS DOOR	25 AND MILLINER	LLC
		Firm Company	
	995 W 32	th St Address	
	ltialian	FL 33010 City/State and Zip Code	
	. ,	City/State and Zip Code	
	Jas000	or Sandmillwork egg	mail com
		•	neation)
For further information	concerning this matter, please ea	3H;	
Surelys	Í)iuz	at (78%_)35102 Area CodeDaytim	283
Name	of Person	Area Code Daytim	e Telephone Number
linclosed 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	etion

Registration Section

TO:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RTICLES OF ORGANIZATION FILED STATE OF OTHER OF STATE OF CORPORATIONS

IAS WORE	S AND 1	MILLWORK	22 APR 14 PF	15: 18
(Name of the Limited)	<u>i Liability Comp</u> A Florida Limited	any as it now appears Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Lia Florida document number 420000 310	bility Company	v were tiled on	10/01/2020	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the				
The new name must be distinguishable and contain the wor		110 C	in the second of the second	
Enter new principal offices address, if applical	ble:		ignation "LLC or the abi	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	N/A		
B. If amending the registered agent and/or regagent and/or the new registered office address			ords, <u>enter the</u> name	
Name of New Registered Agent:	N/A	<del>.</del>		
New Registered Office Address:		Enter Florid	a street address	
			, Florida	
		City		Zip Code
New Designand Agent's Signature of shoughes De	aletonod toont			

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Surelys Diaz	570 SE 7th st	XAdd
		170 SE 7th st Itialrah Fe 33010	Remove
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ective date, if	other than the date	of filing:		(optional) than 90 days after filing.) Purs	
te: If the date in	nserted in this block do ve date on the Departn	oes not meet the appli	icable statutory filling r	equirements, this date will i	uant to 605.0207 ( not be listed as th
cord specifies a s filed.	delayed effective date.	, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	h day after the
ted		<u> </u>	2 <u> </u>		
	-	//			
		ture of a member or aut			

Typed or printed name of signee