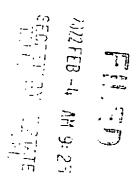
K2C CCC 322844

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	sh Carpentry					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Gustavo Gudoy					
	Name of Person					
	Gudoy Finish Carpentry					
	Firm/Company					
	7360 Us hwy i					
	Address					
	Micco, Fl 32976					
		City/State and Zip Code				
	Gustavogodoy059@gmail.c					
	E-mail address: (to be used for future annual report notif	fication)			
For further information c	oncerning this matter, please c	all:				
Tracy Wise		772 453-9293				
Name o	f Person		e Telephone Number			
Enclosed is a check for the	ne 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		Street Address: Registration Sec	ction			
Division of Corporations		Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

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7372 FEB -4 AM 9: 29

Gudoy Finsh Carpentry LLC

company has been notified in writing of this change.

(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 I Florida document number L20000322844	Liability Company were filed o	October 12, 2020	and assigned	
Florida document number				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability compa	ny here:		
The new name must be distinguishable and contain the	words "Limited Liability Company,"	' the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	·····		
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
				
B. If amending the registered agent and/or	registered office address on a	our records, enter the name	of the new registered	
agent and/or the new registered office addre	C.	rai records, encer the manne	or the new registered	
Name of New Registered Agent:	Gustavo Gudoy		- 	
New Registered Office Address:	7360 Us Highway 1			
	Enter Florida street address			
	Micco	, Florida 3297	76	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the proj				

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

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>	Name	Address	Type of Action
mgr	GUDON FINISH CARPENTRY	7360 US HWY 1	ŒAdd
		Micco, FL 32976	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		<u> </u>	🗆 Add
			🗀 Remove
			□Change
			□Add
			□Remove
			🗆 Change
	 		□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 1/1/2022 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ____ January 29 Signature of a member or authorized representative of a member Pedro Gustavo Gudoy Maldonado Typed or printed name of signee