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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

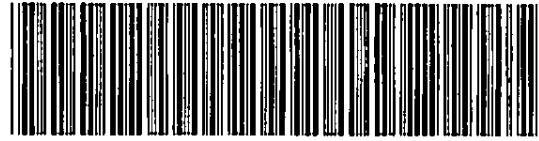
(Business Entity Name)

(Document Number)

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FILED
2022 MAR -7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
MAR 18 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

ALBERT CARPENTRY SOLUTIONS LLC

SUBJECT: _____
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:

Adalberto Perez

Name of Person

A.C.H. WOODWORKING

Firm/Company

921 S N STREET LAKEWORTH

Address

LAKEWORTH, FLORIDA, 33460

City/State and Zip Code

Achwoodworking@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adalberto Perez

786

283 0614

at ()

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

FILED

ALBERT CARPENTRY SOLUTIONS LLC

2022 MAR -7 AM 10:57

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

SECRETARY OF STATE
TALLAHASSEE, FL
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000058602

This amendment is submitted to amend the following:

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

ACH WOODWORKING LLC

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:

921 S N STREET LAKEWORTH

(Principal office address MUST BE A STREET ADDRESS)

LAKEWORTH FLORIDA 33460A

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

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>
AMBR	CHRISTIAN EDUARDO DREYFUS	170 SIMS CREEK LN, JUPITER, FL, 33458	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
AMBR	ADALBERTO PEREZ	921 S N STREET LAKEWORTH, FLORIDA, 33460	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ACII WOODWORKING LLC is a Limited Liability Partnership between ADALBERTO PEREZ and CHRISTIAN

E DREYFUS, both with 50 % of interest each one, to oversee business operations and share the profits and liabilities.

Each Partner contributes with money, property, tools and its own skills to cooperate to advance in the company

interest.

March 15, 2022

E. Effective date, if other than the date of filing: _____ (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)

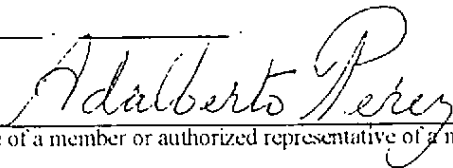
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

March, 04

2022

Dated _____



Signature of a member or authorized representative of a member

Adalberto Perez

Typed or printed name of signee