# L21000164812

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# COVER LETTER

#### TO: Registration Section Division of Corporations

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WOOD QUALITY LLC

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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:

JOHN MILLER MORALES

Name of Person

#### INTERNATIONAL GRUPO MEYER LLC

Firm/Company

3001 ALOMA AVE SUITE 112

Address

WINTER PARK FLORIDA 32792

City/State and Zip Code

GRUPOMEYER@AIM.COM

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

For further information concerning this matter, please call:

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 raddutorial copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

#### WOOD QUALITY LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>w as it now appears</u> ability Company)	<u>s on our records.</u> )	·
The Articles of Organization for this Limited Liability Company v Florida document numberL21000164812	were filed on	04/09/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company." the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1721 FREE	MAN DR KISSIMMEF	EFL 34744
(Principal office address MUST BE A STREET ADDRESS)		X	2021 SEC
Enter new mailing address, if applicable:		LLAHA	JUL 2
(Mailing address MAY BE A POST OFFICE BON)		()) ()) ()) ()) ()) ()) ()) ()) ()) ())	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our re	<del>ابر ا</del> rords, <u>enter the nam</u> cords, <u>enter the nam</u>	ie of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		Florida	
	City		Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

ę

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

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## MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)* PLEASE AMEND ALSO THE AMBR ADDRESS (JUST THE TOWN AND ZIP CODE BECAUSE WAS

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Filing Fee: \$25.00