

L21000262156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

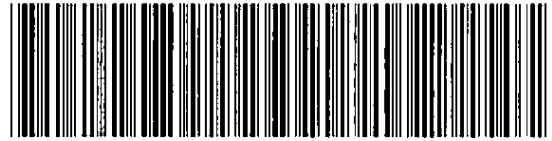
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 OCT 24 PM 4: 15
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOP QUALITY CARPENTRY 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:

DIGNA E CABRERA
Name of Person
TOP QUALITY CARPENTRY
Firm/Company
11411 SAGE CANYON DR
Address
RIVERVIEW FL 33578
City/State and Zip Code
info@sosbsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIGNA E CABRERA at (201) 470-8124
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210

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

FILED

TOP QUALITY CARPENTRY LLC

2024 OCT 24 PM 4: 15

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 07, 2021 and assigned Florida document number L21000262156.

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:

1717 E BUSH AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33612

Enter new mailing address, if applicable:

1717 E BUSH AVE

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33612

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:

DIGNA E CABRERA

New Registered Office Address:

11411 SAGE CANYON DR

Enter Florida street address

RIVERVIEW


Florida 33578

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>
MGR	ELVIRA CASTILLO	1750 OPEN FIELD LOOP	<input checked="" type="checkbox"/> Add
		BRANDON FL 33510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIGNA E CABRERA	11411 SAGE CANYON DR	<input checked="" type="checkbox"/> Add
		RIVERVIEW FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ACCG	BRYAM CASTELLANOS	14308 WEDEGEWOOD COURT	<input type="checkbox"/> Add
		TAMPA FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGT	OFIL M CASTELLANOS	3230 STUEBEN AVE B1	<input type="checkbox"/> Add
		BRONX NY 10467	<input checked="" type="checkbox"/> Remove
			<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

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

Multiple horizontal lines for amending information.

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TALLAHASSEE FLORIDA

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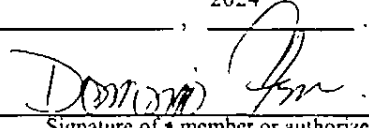
E. Effective date, if other than the date of filing: JULY 15, 2024 (optional)

(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 JULY 15, 2024



Signature of a member or authorized representative of a member

DOMINGO CASTELLANOS

Typed or printed name of signee