L21000263693

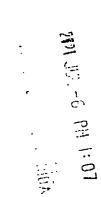
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Sec Division of Corp			
	Woodwork, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Paul V. Harris		
		Name of Person	
	Topp Notch Woodwork, Ll	LC	
		Firm/Company	
	8480 NW 25th Court		_
		Address	<u> </u>
	Sunrise, FL 33322		
		City/State and Zip Code	
	paul721harris@gmail.com		75 - 2 - 3
		to be used for future annual report not	inication)
For further information of	oncerning this matter, please co	all:	
Paul V. Harris		954 548-1278 _ at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	ГL 32314	ZHIJIN, MICHI	or parcer, parce ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L21000263693	were filed on June 7, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		T. CT
		
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter t	he name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City , F101	rida 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 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>	Address	Type of Action
AMBR	Marcos G Reis	1430 NW 6th Ter	
		Pompano Beach, FL 33060	■Remove
			□Change
			□Add
			Remove
			□Change
			_Add
			□Remove
			Add
			Remove :: 07 Change
			Remove
			□Remove

	Need to amend Autorized Memi	bers name to add midd	le initial. Please	amend authorized	members name	10
	Paul V. Harris					
				_		
						122
					,	
						-
					-	<u></u>
		<u> </u>				3
						 _
				, 	-	
						
					<u> </u>	
		6/24/20	21			
Note	ctive date, if other than the defective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	eate of filing: be specific and cannot be p tk does not meet the ap	prior to date of fili plicable statutor	ng or more than 90 da ry filing requiremen	(optional) ys after filing.) Pu nts, this date wil	ursuant to 605.020 I not be listed as
	cord specifies a delayed effective of filed.	date, but not an effectiv	ve time, at 12:0	a.m. on the earlie	r of: (b) The 9	0th day after the
If the rec record is						