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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : WF TAXES AND MORE INC.

Account Number : I20200000043 Phone : (772)879-0010 Fax Number : (772)281-5520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Wftaxes. Office Ogmail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN USA AMIGOS DOORS & MOLDING SUPPLIES, LLC

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1101-2 2023

COVER LETTER

TO: Reg Div	gistration Sision of Co	ection rporations		
SUBJECT.	USA AMI	GOS DOORS & MOLDING S	SUPPLIES, LLC	
SUBJECT:		Name of Lir	nited Liability Company	
The enclosed	l Atticles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	all correspo	ondence concerning this matter	r to the following:	
The enclosed Atticles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: MIGUEL TREJO Name of Person USA AMIGOS DOORS & MOLDING SUPPLIES, LLC Firm/Company 7/3 NE DIXIE HIGHWAY UNIT B Address JENSEN BEACH, FL 34957 City/Niste and Zip Code soles@unnigose.ustomdoors.com E-mail address: (to be used for attace anatual report notification) For further information concerning this matter, please call: MIGUEL TREJO Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Establing Fee Status Certified Copy (additional copy is enclosed) Malling Address: Registration Section Registration Section				
			Name of Person	
		USA AMIGOS DOORS &	E MOLDING SUPPLIES, LLC	
			Firm/Company	
		713 NE DIXIE HIGHWA	Y UNIT B	
			Address	
		AMIGOS DOORS & MOLDING SUPPLIES, LLC Name of Limited Liability Company St. of Amendment and fee(s) are submitted for Hing. respondence concerning this matter to the following: MIGUEL TREJO Name of Person USA AMIGOS DOORS & MOLDING SUPPLIES, LLC Firm/Company 713 NE DIXIE HIGHWAY UNIT B Address JENSEN BEACH, FL 34957 City/Nate and Zip Code sales@amigoscustorndoors.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: 772 232-6096 Area Code Daytine Telephone Number or the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Registration Section F. Corporations The Centre of Tallahlassee		
			City/State and Zip Code	
			Name of Limited Liability Company Indiment and fee(s) are submitted for tiling. Indiment and fee(s) are submitted for tiling. Indice concerning this matter to the following: AIGUEL TREJO Name of Person ISA AMIGOS DOORS & MOLDING SUPPLIES, LLC Firm/Company IS NE DIXIE HIGHWAY UNIT B Address ENSEN BEACH, FL 34957 City/State and Zip Code es@amigoscustomdoors.com E-mail address: (to be used for atture annual report notification) ming this matter, please call: Area Code Daytime Telephone Number owing amount: S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
For further in	formation o		•	
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MIGUEL TR	.EJO		772 232-6096	
	Name o	l Person	Area Code Daytime Telephone Number	
Enclosed is a	check for th	e following amount:		
≅ \$ 25.00 Fi	ling Fee		Certified Copy Certificate of Status & Certificate Of Status & Certified Copy	
Reg	istration S	ection	Registration Section	
	sion of Co Box 6321			
			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

To: + 18506176383

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

USA AMIGOS DOORS & MOLDING SUPPLIES, L (Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company	were filed on 07/08/2021 and assigne
Florida document number 87-1635922	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
USA AMIGOS DOORS & MOULDING SUPPLIES, LLC	
LISA AMIGOS DOORS & MOULDING SUPPLIES, LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
	ity Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	

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

Name of New Registered Agent:

New Registered Office Address:

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.

MARIA I TREJO

PORT SAINT LUCIE

1681 SW BELLEVUE AVE

City

If Changing Registered Agent Signature of New Registered Agent

Enter Florida street address

, Florida ³⁴⁹⁵³

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

Nov 01, 2023 13:51 (UTC-04)

<u>Title</u>	Name	Address	Type of Action
AR	MARIA I TREJO	1681 SW BELLEVUE AVE	
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	nature of a menual or authorize	ed representative of a me:		

Typed or printed name of signee