## K21000497664

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400377032264

12/08/21--01006--007 \*\*25.00



A. BUTLER DEC 15 2021

## **COVER LETTER**

TO:

TQ: Régistration So Division of Cor					
SUBJECT:	Name of Lin	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LORENZO BELMONTES	S			
	RONT CARPENTRY, LLC  Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  LORENZO BELMONTES  Name of Person  Firm/Company  30018 SW 159TH DR  Address  HOMESTEAD, FL 33033  City/State and Zip Code  LORENZOBELMONTES17@GMAIL.COM  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  ONTE\$  305  Area Code  Daytime Telephone Number  for the following amount:  ee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate copy (additional copy is enclosed)  ddress:  ion Section  of Corporations  6327  The Centre of Tallahassee				
		Firm/Company	···-		
	30018 SW 159TH DR				
		Address			
	HOMESTEAD, FL 33033				
		,			
		•			
For further information c	·	·	nncation		
LORENZO BELMONT	E <b>S</b>				
Name o	f Person		me Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address			action		
Registration Section Division of Corporations					
P.O. Box 632	-	The Centre of	Tallahassee		
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELMONT CARPENTRY LLC

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/19/2021 https:// Florida document number L21000497664 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: (Principal office address MUST BE A STREET ADDRESS) 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 City

## 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>	Address	Type of Action
AMBR	LORENZO BELMONTES	30018 SW 159TH DR HOMESTEAD, FL 33033	<b>=</b> Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	n, • = -		. =0, 111		_
<del></del>					_
		<u>-</u> .	-		_
			<del></del>		_
		·····			_
					_
·					_
	· · · · · · · · · · · · · · · · · · ·		<del>-</del>		_
		··· <del>-</del>			<del></del>
					_
					_
	<del></del>			<del></del>	
					_
<del> </del>					
					<u></u>
	<del></del> ,				_
				<del></del>	<del>-</del>
Effective date, if other than th	e date of filing:			(optional)	
Effective date, if other than the lift an effective date is listed, the date many Mote: If the date inserted in this bedocument's effective date on the lift.	ast be specific and cannot block does not meet the	he applicable stati	filing or more than 90 da atory filing requireme	ays after filing.) Pursuant to 60	05.0207 ( sted as t
e record specifies a delayed effecti rd is filed.	ve date, but not an ef	Tective time, at 12	2:01 a.m. on the earlic	r of: (b) The 90th day aft	ter the
NOVEMBER 29	200	21			
Dated Movement 25	·_	•			
	`				

Typed or printed name of signee