Florida Department of State Divisions Cover Sheet Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

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Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

A LATE CHATTON THORIDA

##Enter the email address for this business entity to be used for future

Email Address: Ceci74love@gmail.com

BE LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUNIQUE CUSTOM CARPENTRY TRIM & DESIGN, LLC

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K. SALY

MAY 2 3 2024

Electronic Filing Menu

Corporate Filing Menu

Help

From Corporate Service Center Inc 1.702.507.9682 Wed May 22 11:12:46 2024 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF YOUNIQUE CUSTOM CARPENTRY TRIM & DESIGN, LLC (Name of the Limited Liability Company as it now appears on our records.)

	M CARPENTRY TRIM & DESIGN, LLC	TOTASSEF CONTRA
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	THASSEE. FLORID,
The Articles of Organization for this Limited Liability	y Company were filed on 03/15/22	and assigned
Florida document number L22000130867	·	
This amendment is submitted to amend the following	::	
A. If amending name, enter the new name of the I	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	e a partir and had the above some or an inchestration and management as a particular source of projection.	Mint
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter ddress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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

From Corporate Service Center Inc 1.702.507.9682 Wed May 22 11:12:46 2024 MDT Page 3 of 4 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
MGR	Karl Kirkland	2740 Sw. Martin Downs Blvd	Add
		Palm City, FL 34990	☐ Remove
			☐ Change
			Add
			Hemove T
			73-10 Change
			Change Ch
			□ Clunge
			Add
		□ Remove	
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Effective date, if other that If an effective date is listed, the da Note: If the date inserted in the document's effective date on	e must be specifie a us block does not	ing cannot be prior: t meet the applica			filing.) Pursuant to 60	
the record specifies a del The 90th day after the			: an effective t	ime, at 12:01 a	a.m. on the ear	lier of:
Dated _5/22		2024	<u></u> .			
		م من نور در از	<u> </u>	of a member		

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Typed or printed name of signee

Filing Fee: \$25.00