

# L22000 152 183

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

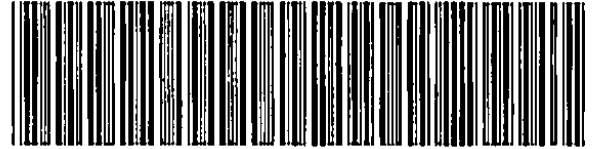
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2022 NOV 18 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

11/18/2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOSTER WOODWORKS, 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:

J. DAVID PENA  
Name of Person

J. DAVID PENA, P.A.  
Firm/Company

201 ALHAMBRA CIRCLE, SUITE 600  
Address

CORAL GABLES, FLORIDA 33134  
City/State and Zip Code

DPENA@PENA.LAW  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CALONSO@PENA.LAW at ( 305 ) 350-6800  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET  
TALLAHASSEE, FL  
NOV 18 2002

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**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>                      |
|--------------|------------------------------|---------------------------------|--|
| AMBR         | J. David Pena                | 201 Alhambra Circle             | <input type="checkbox"/> Add               |
|              |                              | Suite 600                       | <input type="checkbox"/> Remove            |
|              |                              | Coral Gables, FL 33134          | <input checked="" type="checkbox"/> Change |
| AMBR         | Gregory L. Mijares Diaz      | 13701 SW 143rd Court            | <input type="checkbox"/> Add               |
|              |                              | Unit 101                        | <input type="checkbox"/> Remove            |
|              |                              | Miami, Florida 33186            | <input checked="" type="checkbox"/> Change |
| MBR          | QUEST 4                      | 471 HWY 52 South (Trinity Road) | <input checked="" type="checkbox"/> Add    |
|              |                              | Ancaster, Ontario L0R 1R0       | <input type="checkbox"/> Remove            |
|              |                              | Canada                          | <input type="checkbox"/> Change            |
| MBR          | Francisco J. Turueno Duffour | 200 W. 24th Street              | <input type="checkbox"/> Add               |
|              |                              | Hialeah, Florida 33010          | <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            |

SECRETARY OF STATE  
FALL 2017 - 2018  
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