

122 000302981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

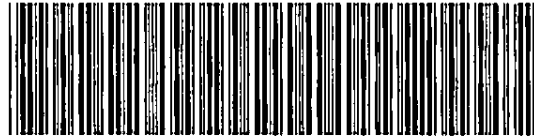
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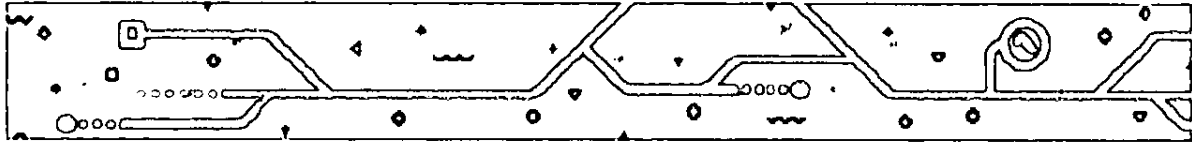
*[Handwritten Signature]*



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22 AUG 11 AM 6:57  
DIVISION OF CONSUMER AFFAIRS



# zenbusiness

Aug 5, 2022

Florida Secretary of State  
Division of Corporations  
2415 N Monroe St Suite 810  
Tallahassee, FL 32303

RE: Vilo's Doors & Millworks LLC

To Whom It May Concern:

Attached please find the executed Articles of Amendment for the above referenced.  
Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

**ZenBusiness Inc**  
**Attention: Kelly Castro**  
**336 E. College Ave, Suite 301**  
**Tallahassee, FL 32301**

If you have any questions, please feel free to contact me at 844-493-6249 or at  
[fulfillment@zenbusiness.com](mailto:fulfillment@zenbusiness.com).

Thank you.  
Kelly Castro  
ZenBusiness Customer Success

22 AUG 11 AM 6:57  
DIVISION OF CORPORATIONS  
FLORIDA SECRETARY OF STATE

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

Vilo's Doors & Millworks 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 07/07/2022 and assigned  
Florida document number 122000302981.

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 "LLC."

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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 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>
MGRM	Devyn Kreb	5051 El Don drive	<input checked="" type="checkbox"/> Add
		1108	<input type="checkbox"/> Remove
		rocklin, CA 95677	<input type="checkbox"/> Change
AMBR	Eric Kreb	41818 Eloquence Terrace	<input checked="" type="checkbox"/> Add
		aldie, VA 20105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kreb Company LLC	6059 Arlington Blvd	<input type="checkbox"/> Add
		Falls Church, VA 22044	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Virgilio Guevara	781 Northeast 160th Terrace	<input type="checkbox"/> Add
		Miami, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATION

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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DIVISION OF CORRECTIONS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 05, 2022

/s/ Eric Kreb

Signature of a member or authorized representative of a member

Eric Kreb

Typed or printed name of signee

**Filing Fee: \$25.00**