

L220000413289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

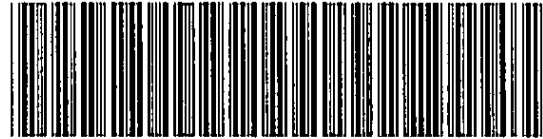
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700397721687

11/13/12 -- 01012 -- 002 \*405.20

FILED

2022 NOV 18 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FL

2/3/23  
V.64



November 17, 2022

**VIA EXPRESS MAIL**

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

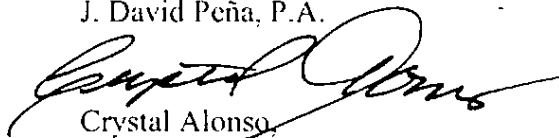
**RE: Articles of Amendment**

Dear Sir or Madam,

Enclosed, please find our Amended Articles of Incorporation for our client, Loster Wood - Florida, LLC. We have also enclosed a check in the amount of \$25.00 for the corresponding filing fee.

Should you need any additional information or documentation, please contact our offices. Thank you for your continued assistance.

Sincerely,  
J. David Peña, P.A.



Crystal Alonso,  
Immigration Case Manager

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LOSTER WOODWORKS - AVON PARK, 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, FL 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:

CRYSTAL ALONSO

305 350-6800  
\_\_\_\_\_  
at ( )  
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

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

LOSTER WOODWORKS - AVON PARK, 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 09/01/2022 and assigned  
Florida document number L22000413289.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LOSTER WOOD - FLORIDA, LLC

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)

**FILED**  
2022 NOV 18 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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>
AMBR	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
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, FL 33186	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

November 16, 2022



Signature of a member or authorized representative of a member

Gregory L. Miyares Diaz

Typed or printed name of signee

**Filing Fee: \$25.00**