L23 000 134 513

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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04/28/23--01011--023 **25.00

COVER LETTER

TO: Registration Se Division of Cor			
I Wood Dec			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mohammad AlJamal		
		Name of Person	
	I Wood Decor, LLC		
		Firm/Company	
	8515 SW 129th Terrace		
		Address	
	Miami, Fl. 33156		
		City/State and Zip Code	
	c.mitten@hurricanewindow		
		to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please co	ıll:	
Mohammad AlJamal		305 970-71 at ()	00
Name o	of Person	Area Code I	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Addr</u> Registratio	
Division of C	Corporations	Division o	f Corporations
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our reco Liability Company)	ords.)
y were filed on <u>03/15/2023</u>	and assigned
bility company here:	
oility Company," the designation "L	LC" or the abbreviation "L.L.C."
	<u> </u>
address on our records, <u>ent</u>	er the name of the new register
Enter Florida street ada	tress
City	Florida Zip Code
	bility company here: bility Company," the designation "L address on our records, ent Enter Florida street add

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 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	Marwan Merhi	9101 SW 137th Terrace, #13-4	
		Miami, FL 33176	Remove
			Change
			
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			□Remove

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		date, but not an effective			·
Signature of a member or authorized representative of a member	s filed.		inne, at 12.01 a.m. on		·
	s filed. ed April 24	2023	·		·

Filing Fee: \$25.00