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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068

Phone : (407)344-1012

Fax Number : (407)344-1371

Legiter the email address for this business entity to be used for future இது annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN:--JGT CARPENTRY & DESIGNS LLC

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T. LANEUX JUN 2 8 2023

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT:	AICE EIN.	IKI & DESI	ONS LLC									
47.		<b>4</b> 5	Name of Lim	ited Li	ability C	ompany	,		-		_	
The enclosed Article	s of Am	endment and	fee(s) are sub	mittec	l for fili	ng.						
Please return all corre	esponde	nce concernir	ng this matter	to the	followi	ng:						
		CRISTHINA	VAZQUEZ									
	•			·	Name o	f Persor	1	•				
		FREEDOMT	AX ACCOU	NTIN	G & MI	JLTISI	ERVI	CES				
	-			_	Firm/C	ompany						
		1016 E OSCI	EOLA PARK	WAY								
	-				Add	ress						
		KISSIMME,	FL 34744									
	•	<u> </u>		City	/State at	d Zip C	ode					
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		E	-mail address: (	to be u	sed for f	uture an	inual r	eport noti	fication)	Ī	_	
For further information	on conce	craing this me	atter, please ca	all:								
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Nai	ne of Per	Són				n Code		Daytim	e Teleph	ione Nui	nber	
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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

Jun. 27. 2023 10:26AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## JGT CARPENTRY & DESIGNS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/17/2023 \_\_\_\_\_ and assigned 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

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.

Cirv

If a Jun. 27, 7023, c 10: 26AM rson(s) authorized to manage, enter the title, name, and address o No. 2028 rson? Ing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	REBECCA FERNANDEZ	7100 ATLIS WAY APT 12-214	□Add
,		ORLANDO, FL 32836	■Remove
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