L23000237533

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(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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08/07/23--01046--002 **25.00

2023 AUG 18 PM 2: 37

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Watt Your Summer of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Willi Matt	Name of Person Constant y Figur/Company
12356 U	Doodrose cf. apf 2 Address
Shalimars E-mail address:	City/State and Zip Code Kinz a mail. com to be used for future annual report notification)
For further information concerning this matter, please ea	
William yours	at (330) 284-2563 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Z \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (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



August 23, 2023

WILLIAM MATTHEW LYONS 12356 WOODROSE CT APT 2 FT. MYERS, FL 33907

SUBJECT: MATT LYONS CARPENTRY LLC

Ref. Number: L23000237533

We have received your document for MATT LYONS CARPENTRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

SEP 18 2023

Letter Number: 923A00019554

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Matt You	s Car	pentry	LLC 2023 AUG 18 PM 2: 37
(Name of the Limited I (A I	iability Compa Torida Limited L	ny as it now appears on liability Company	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liabil Florida document number 230002372	lity Company 533.	were filed on	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	e limited liabi	lity company here:	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		12356	Woodrose ct.
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	Florida	33907
Enter new mailing address, if applicable:		12356	Woodrose ct.
(Mailing address MAY BE A POST OFFICE BO.	<u>V)</u>	Florida	33907
B. If amending the registered agent and/or regis		ddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	Will	iam Ly	2005
New Registered Office Address:	12356	Waarase Enter Florida si	oreet address
_	Ft.	Myers	, Florida <u>33907</u>

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>AMB</u> R	William Gons	12356 Woodcose of Apt) FAMyer	<i>F7.</i> 33907 <u>8</u> @ Add
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ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statu	
rument's effective date on the Department of State's records.	
and envilor a dalayed affective data but not an affective time or 12	2.01 and another realism of the The Ook have the
cord specifies a delayed effective date, but not an effective time, at 12 s filed.	2:01 a.m. on the earlier of: (b) The 90in day after the
ed <u>September 16 2023</u> . William Wons Signapore of a member or authorized repr	

Filing Fee: \$25.00