

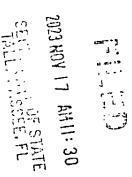
(Red	(uestor's Name)	
(Ädd	iress)	
(-1		
(Add	iress)	
(City	/State/Zip/Phone	e #)
. ,		,
PICK-UP	WAIT	MAIL
/Ruse	iness Entity Nan	20)
(503	mess Entry Harr	ic)
(Doc	ument Number)	
•		
Certified Copies	Certificates	of Status
,		
Special Instructions to F	iling Officer:	
		İ





11/17/28--01009--003 **25.00





COVER LETTER

TO: Registration Section Division of Corporations ,	
SUBJECT: Euro Custom Woodworks, 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:	
Jason Nasiatka	
Name of Person	
Firm/Company	
rinvenipany	
3385 SW 13th AVE	
Address	
Fort Luclev dale FT 33315 City/State and Zip Code	
City/State and Zip Code	
Jason & Eurof L. Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 805-7555 Area Code Daytime Telephone Number (7)	
Name of Person Area Code Daytime Telephone Number &	
	क्षांनू म
Enclosed is a check for the following amount:	6 9
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Gopy (additional copy is enclosed)	11

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

Euro Cus	stom Woodworks, UC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number $\frac{L23000506}{}$	y Company were filed on $11/8/23$	and assig	gned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "LE nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS.		abbreviation "L.L	c."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or register agent and/or the new registered office address here		me of the new	registered
Name of New Registered Agent:		<u>i- 5</u>	
New Registered Office Address:	England Charles and the	<u> </u>	1 8 9
	Enter Florida street address	AH I	
	, Florida _	Zip Códe	

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>	Name /	Address	Type of Action
AMB/2	Kristina Nasiatka	Address 3385 SW 13th AVE, Ft. Lander FL 33315	lale_ DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		>\frac{\fin}}}}}}}{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{	Add ORemove 7
		SO THE	Bemove 7
			□Remove
			□ Change
			□Add
			□Remove
			[]Change

	1 **	111	02	_ // 2//	e: (Attach addit				
	ADD	EIN	<u> </u>	- 424	5256				_
							· -		_
									_
									_
									_
				_					
									_
									_
									_
									_
									_
									_
									
								دم ہے	
					 .			2023 HOV	_
		 						三舌	_ =
								· · · · · · · · · · · · · · · · · · ·	ŗ.
-		-		·				<u> </u>	- ;
								SSEE.	
ective	date, if other	er than the dat	e of filing:			(6	optional)	r (r) =	-
effecti	ve date is listed	t, the date must be s	pecific and ca	annot be prior	to date of filing or r	nore than 90 days	after filing.	Pursuant toto	0 5.0207
<u>te:</u> II i	ne date inser 's effective d	ate on the Depart	foes not med ment of Sta	et the applicate's records	able statutory filin	ng requirements	this date	will not be h	sted as
		si iii si si pai							
cord s s filed.		ayed effective dat	e, but not ar	n effective ti	me, at 12:01 a.m.	on the earlier of	of: (b) Th	e 90th day af	ter the
	1)	ben 17)	2000	,				
ted	Novem	ben 1/	<u> </u>	2023	<u> </u>				
		-1	\mathcal{A}						
		/ M	MALLE						
						<u> </u>			
		∫ Sign	ature of a une	mber or author	rized representativ	e of a member			
		Sign (ature of a me		rized representativ	e of a member			