## L23000525403

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Madreas)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Basiliesa Elikiy Harrie)               |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| Special management.                     |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   | **  |  |
|--|--|---|---|--|
|  | oset Depot LLC   |   |   |  |
| SUBJECT:                               | Name of Lim  | ited Liability Company  | ·····   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                           | mitted for filing.  |   |  |
| Please return all correspo             | ondence concerning this matter                         | to the following:   |   |  |
|  | Gary Rowell  |   |   |  |
|  |  | Name of Person  |   |  |
|  | Custom Closet Depot LLC                                |   |   |  |
|  | Firm/Company   | •   |   |  |
|  | 5771 W Hwy 329   |   |   |  |
|  |  | Address   |   |  |
|  | Reddick, FL 32686                                      |   |   |  |
|  |  | City/State and Zip Code   |   |  |
|  | anne.romano123@gmail.co                                |   |   |  |
| For further information c              | E-mail address: (<br>concerning this matter, please c  | to be used for future annual report not<br>all:                     | inication)  |  |
| Gary Rowell                            |  | 352 644-1052  |   |  |
| Name o                                 | of Person  |   | ne Telephone Number   |  |
| Enclosed is a check for t              | he following amount:                                   |   |   |  |
| \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status           | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| <u>Mailing Addre</u><br>Registration   |  | Street Address:<br>Registration Se                                  | ection  |  |
| Division of C                          |  | Division of Corporations  |   |  |
| P.O. Box 631                           | 27   | The Centre of   |   |  |
| Tallahassee,                           | Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 |   |   |  |

Tallahassee, FL 32303

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

| Custom Closet Depot LLC   |  |                              |
|---|--|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appears on our records.<br>Liability Company) | )                            |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000525403</u> .       | were filed on 11/22/2023                                   | and assigned                 |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited liabi  | ility company here:  |                              |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity 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)  |  |                              |
|   |  |                              |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter t</u>                     | he name of the new register  |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  |  |                              |
|   | Enter Florida street address                               |                              |
|   | •  | rida                         |
|   | Cin  | 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 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 |
|--------------|----------------------------------|-------------------|----------------|
| MGR          | Gary Rowell                      | 5771 W Hwy 329    |                |
|              |                                  | Reddick, FL 32686 | =p             |
|              |                                  |                   | □ Change       |
| MGR          | 1GR Jason Petrozella             | 5771 W Hwy 329    |                |
|              |                                  | Reddick, FL 32686 | ■Remove        |
|              |                                  |                   | □ Change       |
| MGR          | GPS Home Service Specialists Inc | 5771 W Hwy 329    | ■Add           |
|              |                                  | Reddick, FL 32686 | Remove         |
|              |                                  |                   | Change         |
|              |                                  |                   |                |
|              |                                  |                   | □Remove        |
|              |                                  |                   | □ C'hange      |
|              |                                  |                   | □Add           |
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| fective date, if other than an effective date is listed, the date ofte: If the date inserted in the occument's effective date on the | must be specific a<br>is block does no | ind cannot be prior<br>timeet the applic | able statutory filing | (option ore than 90 days after file prequirements, this d | ing.) Pursuant to 605,0207 |
| record specifies a delayed effi<br>is filed.   | ective date, but n                     | ot an effective ti                       | me, at 12:01 a.m. c   | on the earlier of: (b)                                    | The 90th day after the     |
| November 29  |  | 2023                                     |                       |   |                            |
|  | - i                                    | ) //                                     | ·<br>7                |   |                            |
| //   |  |  |                       |   |                            |

Typed or printed name of signee