L23000538018

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Ocivined Copies	_ Ochmodics	
Special Instructions to	Filing Officer:	
		,

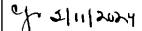




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COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TKB WOODWORKING LLC SUBJECT: 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: TOMASZ WEBER Name of Person Firm/Company 1930 SE HILLMOOR DR APT 142 Address PORT SAINT LUCIE, FL 34952 City/State and Zip Code TOMEK71CASH@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOMASZ WEBER Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021

TKB WOODWORKING LLC		202	30 / 8:47
(Name of the Lim	ited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	.,
he Articles of Organization for this Limited lorida document number L23000538018		y were filed on 12/04/2023	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or	registered office	address on our records, enter th	e name of the new regist
ngent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		, Flori	da

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

Title '	<u>Name</u>	Address	Type of Action
AMBR	TOMASZ WEBER	1930 SE HILMOOR DR APT 142	■Add
		PORT SAINT LUCIE, FL 34952	□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			□Change
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			Remove
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a,	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
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an effective date is listed, the date m	ne date of filing:	to 605.0207 (3 oe listed as the
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
ated	2024	
Tonasz	Signature of a member or authorized representative of a member	_ _
	Signature of a member or authorized representative of a member	
TOMASZ WEBER		

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