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(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Name of Person Area Code Daytime Telephone Number I is a check for the following amount:			
Please return all correspo	ondence concerning this matter	to the following:		
	Kyle Foster			
		Name of Person		
	SF Closet Masters LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	571 Riverside Drive			
		Address		
	Palm Beach Gardens, FL 3	33410		
		City/State and Zip Code		
	- ,	to be used for hiture annual report notific	etion	
For further information c			,	
Kyle Foster	-	812 447-3204		
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres		<u>Street Address:</u> Registration Sect	ion	
Registration Section Division of Corporations		Division of Corporations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

SF Closet Masters LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	
Florida document number L24000007339	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: 2 0
(Principal office address MUST BE A STREET ADDRESS)	
-	- 3 δ
P-4	C) The second se
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	.∵c. 3. U
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci	

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
AMBR	Kyle Foster	571 Riverside Drive, Palm Beach Gardens, FL 33410	_ = Add
			_ ©Remove
			_ □Change
			_ 🗆 Add
			_ =Remove
			_ El Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
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ffective date, if other than an effective date is listed, the date inserted in the ocument's effective date on the	us more ance that thee	i ine applicable stami	iling or more than 90 ory filing requiren	(optional) days after filing.) Pursua ments, this date will no	ant to 605,020 of be listed a
record specifies a delayed effi	ective date, but not an	effective time, at 12:	01 a.m. on the earl	ier of: (b) The 90th	day after the
is filed.					
05/19/2024	7, .	··			
is med.	11 12	nber or authorized repre			