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COVER LETTER

	Registration Se Division of Cor			
CHD IEZ	WJP CARP	PENTRY PRO SERVICES LL	C	
SUBJEK		PENTRY PRO SERVICES LL Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
For furthe	er information c	E-mail address: (to be used for future annual report notifiall:	heation)
			at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction
ļ	Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJP CARPENTRY PRO SERVICES LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/09/2024}{1}$ ____ and assigned Florida document number 99-0824474 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City 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, 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>	<u>Address</u>	Type of Action
MGR	Patricia F. de Loreno Pereira	5530 NW 61st Street, apt 309	□Add
		Coconut Creek - Fl. 33073	■Remove
			□ Change
MGR	Walter Junior de Oliveira Pereira	5530 NW 61st Street, apt 309	
		Coconut Creek - FL 33073	□Remove
			Change
****		-	
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Filing Fee: \$25.00

	
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55	01/02/2024
ffective date, if other than the date an effective date is listed, the date must be sp	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
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record specifies a delayed effective date	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
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Filing Fee: \$25.00