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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2024 APR 16 PM 3: 15
SECRELARY OF STATE
TALL ALLASSEF, FI

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Mazza Quality Name of Limi	Carpentry L	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	_	
	Nicolas	Name of Person	
	Mazza	Quality Car,	pentry UC
	530	7 Bear Corn	Run TALLA
	Port Ora	City/State and Zip Code	32128
	nictma E-mail address: (1	229 @ gmail. Com	otification)
For further information of	oncerning this matter, please ca	all:	9305
Name o	y Mazza	at (386) 214 Area Code Davi	time Telephone Number
Enclosed is a check for the	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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration 9 Division of C The Centre o	Section Corporations f Tallahassee
Tallahassee,	FL 32314	2415 N. Mon Tallahassee, I	roe Street, Suite 810 FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it no	ty Carpentry LCC wappears on our records.
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ompany)
The Articles of Organization for this Limited Liability Company were file	d on $\frac{3/25/24}{}$ and assigned
Florida document number <u>L24000099626</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	3: 20
Enter new mailing address, if applicable:	ECRE TALI
(Mailing address MAY BE A POST OFFICE BOX)	2 <u>A</u>
	77 - The state of
B. If amending the registered agent and/or registered office address o	To a line
agent and/or the new registered office address here:	ini on
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
•	Enter Florida street address
Cirv	, Florida
City New Registered Agent's Signature if changing Registered Agent.	zip Code

New Registered Agent's Signature, it 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>	<u>Address</u>	Type of Action
AMBR	Nicolas Mazza	5307 Bear Corn Run Part a	my Kos
		32128	□Remove
			Khange
MGR	Mitchell Dubois	1179 Sable Key Circle	[\vec{1}{2}\Add
		1179 Sable Key Circle Port Orange, FL 3212	Ø □Remove
			□Change
			□Add
		SECRETA!	2020 Remove
		ARY OF SHAFE	∰Add ""
			Remove
			□ Change
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			□Remove
			Change
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			Remove
			□ Change

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APR 16 PF 3: L	tive date, if other than the date of filing:	Signature of a member or authorized representative of a member (optional) (o			
APR 16 PF 3: L	tive date, if other than the date of filing:	Signature of a member or authorized representative of a member (optional) (o			2021
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<u> </u>	tive date, if other than the date of filing:	Signature of a member or authorized representative of a member (optional) (o		99 C)	
ini on	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	Signature of a member or authorized representative of a member			မ္း ' <i>'</i>
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records. Excord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after stilled. Ited		m	ဟ
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		Signature of a member or authorized representative of a member		earlier of: (b) Th	e 90th day aft
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