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(Address)

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(City/State/Zip/Phone #)

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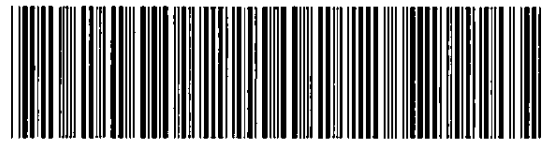
(Business Entity Name)

(Document Number)

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2024 APR 19 PM 4:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GILAD URIEL CARPENTRY
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:

ELIHU WOOLFSON

Name of Person

WOOLFSON TAX & FINANCIAL STRATEGIES LLC

Firm/Company

1104 NIKKI VIEW DR.

Address

BRANDON FL 33511

City/State and Zip Code

eliu@woolfsontax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIHU WOOLFSON EA CFP ATA

S13 914-0440
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Signed via Verifyle: 6617d6de114219f3

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

GILAD URIEL CARPENTRY

(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 4/1/2024 and assigned
Florida document number L24000155613.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GILAD URIEL CARPENTRY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: GILAD URIEL

New Registered Office Address: _____
Enter Florida street address

_____, Florida
City 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.

Gilad Uriel

If Changing Registered Agent, Signature of New Registered Agent

Signed via Verifyle: 6617d6de114219f3

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>	<u>Type of Action</u>
AMBR	GILAD A URIEL JR.	3001 58TH AVE SOUTH APT 403	<input type="checkbox"/> Add
		ST PETERSBURG FL 33712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GILAD URIEL	3001 58TH AVE SOUTH APT 403	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADDING LLC TO GILAD URIEL CARPENTRY

CHANGING NAME OF REGISTERED AGENT AND AUTHORIZED MEMBER TO

GILAD URIEL FROM GILAD A URIEL JR.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated APRIL 11 2024

Gilad Uriel

Signature of a member or authorized representative of a member

GILAD URIEL

Typed or printed name of signer

Filing Fee: : Signed via Verifyle: 6617d6de114219f3