## 124000166484

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	hourtimis		
A&L FINI: SUBJECT:	SH CARPENTRY LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
·	-	Ţ.	
	BA	AYRON G ALDANA LEIVA	
		Name of Person	
	Λ&	L FINISH CARPENTRY LLC	
		Firm/Company	
		4702 28TH ST W	
		Address	
		LEHIGH ACRES FL, 33973  City/State and Zip Code	
		Chyrotale and Zip Code	
	E-mail address: (	to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	alf:	
BAYRON G ALDANA		239 247 6468 at ()	
Name o	i Person	at ()	Telephone Number
Enclosed is a check for the	_		
□ \$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 enclose
			-
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporation of Co	orations
P.O. Box 632 Tallahassee, I		The Centre of Tal 2415 N. Monroe Tallahassee, FL 3	llahassee Street, Suite 810 2303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&L F	FINISH CARPENTRY LLC	
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability Corida document number L24000166484		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>	ed office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City:	Zip Code
iew Registered Agent's Signature, if changing Registere	ed Agent:	5.5

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

Title	<u>Name</u>	Address	Type of Action
MGRM	MAYLIN A ALDANA LOPEZ	4702 28TH ST SW	□Add
		LEHIGH ACRES FL, 33973	■Remove
			□Change
			□ Add
			Петоче
			Change
		<del></del>	□Add
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ffective date, if other than th	date of filing:	(optional)
an effective date is listed, the date multiple: If the date inserted in this b	st be specific and cannot be prior to date of fill lock does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 605.03 ory filing requirements, this date will not be listed
ocument's effective date on the I	Department of State's records.	
record specifies a delayed effecti- l is filed.	e date, but not an effective time, at 12:0	11 a.m. on the earlier of: (b) The 90th day after t
is med.		
JUNE 12.	2024	:
ated		
	Butron Alda	•
	Signature of a member or authorized repres	sentative of a member
		:
	BAYRON G ALDANA LE	••

Filing Fee: \$25.00