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(Re	equestor's Name)	· · · · · ·
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COVER LETTER

TO: Registration Sec Division of Corp		\mathcal{D}	
SUBJECT:	Name of Limit	Darineau Carpeted Liability Company	ntry LLC
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
·	$\mathbb{C}_{\mathbb{R}}$	lay Barineau	\mathcal{A}
		Name of Person S. Barina au Firm/Company	Carpentry LLC
	837	6 Chickasaw	Tràil
	tallah	assie, Fz 3	2312
	E-mail address: (i	City/State and Zip Code Ourineau O Omo o be used for future annual report notifice	
For further information co	oncerning this matter, please ca	11:	
	Barinay	at (850) 345 Area Code Daytime T	elephone Number
			最高 5
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OI S. Barireau (Name of the Limited Liability Compan	y Carpentry La	<u> </u>
(A Florida Limited Li		
The Articles of Organization for this Limited Liability Company	were filed on $3/25/69$	and assigned
Florida document number <u>409666 29087</u>	′ ′	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. S. Barine of the limited liabile. The new name must be distinguishable and contain the words "Limited Liability."	Construction	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 off registered agent and/or the new registered office address here:		r the name of the new
sense of agent and/or the new registered office address here.	•	2015
Name of New Registered Agent:		
		0:20 L
New Registered Office Address:	Enter Florida street address	7 TO FY
	¥78 1.1 _	
	, Florida	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.

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>	Name	Address	Type of Action			
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			□ Remove			
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Filing Fee: \$25.00