

L120000103717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

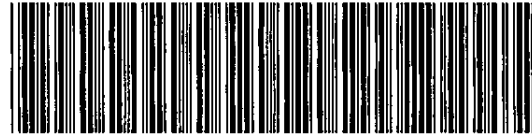
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG 21 2013
A. LUNT

Office Use Only



800250754508

08/19/13--01016--016 **25.00

2013 AUG 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TO: **Registration Section**
Division of Corporations

SUBJECT: **Intracoastal Carpentry, LLC**
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:

Donald C Conrad III

Name of Person

Intracoastal Carpentry, LLC

Firm/Company

3451 Washburn Rd

Address

Jacksonville, FL 32250

City/State and Zip Code

iccarpentry@att.net

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

For further information concerning this matter, please call:

Donald C Conrad III

Name of Person

at **904 314-1465**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 MAY 19 PM 1:18

FILED

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

Intracoastal Carpentry, 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 07/25/2012 and assigned Florida document number L12000103717.

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 end with 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)

2013 AUG 19 PM 1:13
FILED
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Clint W Conrad	1000 3rd Street, Apt 4C	<input checked="" type="checkbox"/> Add
		Neptune Beach, FL 32266	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2019 APR 9 PM 1:18
 COUNTY OF ST. JOE
 PALM BACH OFFICE

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

Four horizontal lines for amending information.

Dated August 13th, 2013

Donald C Conrad III

Signature of a member or authorized representative of a member

Donald C Conrad III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED