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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
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D. BRUCE NOV 1 6 2012 EXAMINER

COVER LETTER

TO: - Registration Section

Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

| SUBJECT: Land and Sea Woodworking, 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: |
| Francis Crawford Smith III |
| Land and Sea Woodworking LLC |
| 5730 Farroak Lane |
| Pensacola Florida 32507 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Francis Crawford Smith at 850 206-0716 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited | Liability Company a Florida Limited Liab | is it now appears on o | our records.) | | | |
|---|---|---------------------------------------|-----------------------------|--|------------|-----------|
| The Articles of Organization for this Limited Life Florida document number <u>LQ30 DD04</u> | | re filed on Nouca | bar 20, 2003 | and assign | ned | |
| This amendment is submitted to amend the following | owing: | | | | | |
| A. If amending name, enter the new name of | f the limited liabilit | y company here: | | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited | Liability Company," tl | he designation "LLC" | or the abb | reviati | - on |
| Enter new principal offices address, if applic | able: | · · · · · · · · · · · · · · · · · · · | _ | <u> </u> | | = |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | - (1 | | = |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | - <u>BOX)</u> - | | | Control of the contro | 5 PH 2: 15 | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | ffice address here: | | - | | | <u>ew</u> |
| Name of New Registered Agent: | Francis | Crawfor | d Smith | 111 | <u>-</u> | - |
| New Registered Office Address: | 5730 Fa | niroak La Enter Fl | n e orida street address | ······································ | | - |
| | Pensag | iola | , Florida <u>32</u> Zi | 50° p Code | 7_ | - |
| New Registered Agent's Signature, if changing 1 | 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:

| nager lanaging Member | | |
|---------------------------------------|--|--------------------|
| <u>Name</u> | Address | Type of Action |
| Francis Crawford Smith | II [SamE] | Add Remove |
| E.C. Smith III. | [Same] | Add Remove |
| | | Add |
| · · · · · · · · · · · · · · · · · · · | | Add Control Remove |
| ····· | | Add:77 Remove |
| | | Add |
| | Inaging Member Name Francis Crawford Smith | anaging Member |

| D. I | f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------|---|
| | <u> </u> |
| | - |
| | |
| | |
| | |
| Date | d November 6, 2012. |
| | Francis Crawlord Ever -111 |
| | Signature of a member or authorized representative of a member |
| | Typed or phited name of signee |

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Filing Fee: \$25.00

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