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(Requestor's Name)
	(Address)
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-	City/State/Zip/Phone #)
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*COVÉR LETTER

Division of Corporations
SUBJECT: CHARLES GATES 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:
Hannah Boyd Name of Person
Business Control Service, Inc
Firm/Company
3925 S. Nova Rd = 5 5
Port Orange, FL 321257
bcs@ business (ontrol service in
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hannah Boyd 386, 760-5454
Name of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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 as it now appears on our records.)
(A Florida Limited Liability Company)

	1- > 1.2
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{1}{20/03}$ and assigned
Florida document number <u>L03000</u> L	11,370
Florida document numberCO 50000	103.68
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET.	ADDRESS)
	En
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
	52 19
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter-the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Reg	zistered 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>	<u>Name</u>	Address	Type of Action
MGRM	Sandra Gates	3331 Juniper Drive Edgewater, FL 321	□ Add └┤
<u>JGRN</u>	Israel Monday	4090 Quail Panch Re New Smyrna Beach, 32168	Change Change Change
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Filing Fee: \$25.00