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SEGRETARY OF STATE DIVISION OF CORPORATIONS

THE OCT 30 PH 1: 12

C. LEWIS

OCT 3 1 2012

EXAMINER

COVER LETTER

TO: Registration So Division of Co		The state of the s		
SUBJECT: AH	Ur Gordon's Her Name of Lim	Hase Carpentry LLC ited Klability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence	ondence concerning this matte	r to the following:		
	Arthur	1		
	Arthur Gordon	Name of Person 5 Heritage Carpentry Firm/Combany 6 51 Street Address	LLC	
	Keyblane Her aordon 19 E-many address:	of the FL 32056 Gity/Stale and Zip Code 13 @ Net 2000. Net (to be used for future annual report notifical	ition)	
For further information concerning this matter, please call:				
Ao thur Name o	Cordon of Person	at (352) 235 - 21 Area Code & Daytime 7		
Enclosed is a check for t	he 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 OF

SECRETARY OF STATE DIVISION OF CORPORATION

20世 OCT 30 PM 1:12

Achur Gordons Herit	ace Campentry LLC
(Name of the Limited Liability	Company as Now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	10/20/20
This amendment is submitted to amend the following:	
-A If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESSS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
····	City Zin 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 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 **Type of Action Title** Name Address ☐ Add Remove Add [Remove ☐ Add Remove The new breakdown will be: Arthur J Gordon-50% Stephanie E Gordon-30% Remove Shawn L Robbins-10% ∏Add Jeffrey L Hall-10%. Remove ∏Add Remove D) If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Addition of new member - Jeff Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00