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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

MAR - 9 2010

**EXAMINER** 

## **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT:	Broth Costello 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:		
	Breff Costello Name of Person		
	Brett Costollo Campentry LLC Firm/Company		
	13313 NF 185th Lave		
	Fort McCoc FL 32134  City/State and Zlp Code		
	heart Ou blishing at hotmail. com E-mail address: (to be used for future annual report notification)	2010	
For further in	nformation concerning this matter, please call:	2010 MAR -8	et and the
	Brit Coste) lo at (305) 849 - 2638 mg	-8 AM II: 29	
	a check for the following amount:		
□\$25.00 Fi	iling Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy	atus &	ed)

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

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(Name of the Limited Liability Con	o Cavpentvy	r records)
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)	e recordist)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number <u>203000542</u>	72	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20 TAS
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	ID MAR
Enter new mailing address, if applicable:		ARY OF AM
(Mailing address MAY BE A POST OFFICE BOX)		STAFE LORID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		AW4
New Registered Office Address:	Enter Flo	rida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

**Title** <u>Name</u> <u>Address</u> **Type of Action** Ryan B Costello ☐ Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 3 Dated a member or authorized representative of a member Costello
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00