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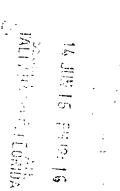
(Requestor's Name)					
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COVER LETTER

Division of Corp	orations				
SUBJECT: Jame	s Abell Carpe	ntry, LLC			
SUBJECT.		ited Liability Company	· -		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	James Abell				
Name of Person					
	James Abell Carpentry, LLC				
		Firm/Company			
	3941 Lisbon	PI			
		Address			
Sarasota, FL 34231					
	City/State and Zip Code				
	dina4h@gmail.cor	to be used for future annual report notific	cation)		
For further information co	oncerning this matter, please co	-	, and the		
James Abel	I	_{at} 941 586-59	987		
Name of	Person		Telephone Number		
Enclosed is a check for th	e 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:

TO:

Registration Section

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

JAMES ABELL CARPENTRY, LLC

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

The Anticles of Ourselization for this Limited Linkilly Comments	flad on 12-23-2003	and assigned	
The Articles of Organization for this Limited Liability Company w	ere filed on <u></u>	and assigned	
Florida document number L0400000590			
This amendment is submitted to amend the following:			
A 16			
A. If amending name, enter the new name of the limited liability	ty company nere:		
The new name must be distinguishable and end with the words "Limited Liability	ity Company," the designation "LLC" or the ab	breviation "L.L.C."	-
T			
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS)			_
			-
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
Training matrices milit be it to be of the body		· · · · · · · · · · · · · · · · · · ·	-
			-
B. If amending the registered agent and/or registered offi	·	he name of the	new
registered agent and/or the new registered office address here:			
	<i>.</i>		
Name of New Registered Agent:	·	25	
Name of New Registered Agent.			-
New Registered Office Address:		200 200 200 - 200 200 - 200	_
	Enter Florida street address		_
	:	€ av	
	, Florida	r Zip Code	-
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	9 2		
I hereby accept the appointment as registered agent and agree	to get in this canacity. I further age	ee to comply with	the
provisions of all statutes relative to the proper and complete p			ine
accept the obligations of my position as registered agent as pr			
being filed to merely reflect a change in the registered office a			
company has been notified in writing of this change.	an coo, a nor coy congain mat me um		
company nuo ocen nonjica in writing of this change.			

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** <u>Address</u> Type of Action **Name** Daniel R. Zuknick 7164 Java Dr. **MGR** □ Add Sarasota, FL Remove 34241 Hayden S. O'Neil 9525 Bel Alton Newtown Rd MGR Add Add Bel Alton MD ☐ Remove 20611 □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

		nere: (Attach additional sheets, if necessary.)
	 	
T)	Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)	or filed date and cannot be more than 90 days after
Ē	Dated June 12 201	<u>4 </u>
	a abell	
	H	authorized representative of a member
	James Abell	printed name of signee

Page 3 of 3

Filing Fee: \$25.00