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OCT 1 9 2018

S. YOUNG

COVER LETTER

Division of Co				
DANIEL SUBJECT:	BRITTAIN FINISH CARPENT	TRY LLC		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DANIEL BRITTAIN			
		Name of Person		
	DANIEL BRITTAIN FIN	ISH CARPENTRY LLC		
		Firm/Company		
	30700 WEKIVA RIVER I	RD		
		Address	======================================	
	SORRENTO, FL 32776			٠,
	deltonadan@outlook.com	City/State and Zip Code	ASSES TO THE	ニュロこ
	E-mail address: (to be used for future annual report notifi	cation)	Ċ
For further information	concerning this matter, please c	all:	FR 5: 22	
Daniel Brittain		386 215-2306	· · · · · · · · · · · · · · · · · · ·	
Name	of Person		Telephone Number	
Enclosed is a check for	the 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)	
Regist	LING ADDRESS:	STREET/COURIE Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIEL BRITTAIN FINISH CARPENTRY LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	rars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	01/26/2004 and assigned
Florida document number L0400006603	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	100 E
(Mailing address MAY BE A POST OFFICE BOX)	11-11-11-11-11-11-11-11-11-11-11-11-11-
 _	
B. If amending the registered agent and/or registered office address of	on our records, enter the name of the ne
registered agent and/or the new registered office address here:	17 2
Name of New Registered Agent:	
New Registered Office Address:	
Enter FI	orida street address
	. Florida

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 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	JOSHUA BRITTAIN	Address 630 Hickory Ave 02AnGE Cry FL 32763	= Add
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			Change
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Typed or printed name of signee

Filing Fee: \$25.00