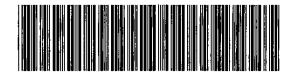
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BILL BUONOMO CARPENTRY L.L.C., 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:
WILLIAM A BUONOMO Name of Person
BILL BUONOMO CARPENTIRY LLC.
P.O. Box 405 Address
ASTATULA, FLA, 34705 City/State and Zip Code
City/State and Zip Code BILL @ CARPENTRYAND CABINETS, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILLIAM A. BUONOMO at (407) 538-1475 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & 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

BILL BUONOMO CARPEN	TRY.LLC.
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	0/01/2004
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/26/2007}{2007}$ and assigned
Florida document number <u>4040001/5.5/9</u>)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
	SEP 29
	of 20
Enter new mailing address, if applicable:	9 1
(Mailing address MAY BE A POST OFFICE BOX)	9 PH CORREGIONS 9 PH D 2: 34
	<u> </u>
	-
	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	;;/
Name of New Registered Agent:	
Navy Panistand Office Address	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	7 3 111
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further agree to comply with the
accept the obligations of my position as registered agent as p	rovided for in Chapter 605. F.S. Or. if this document is
being filed to merely reflect a change in the registered office	
company has been notified in writing of this change.	
If Chan	ging 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>	Name	Address	Type of Action
AMBR	WILLIAM A BUONOMO	PO BOX 405 ASTATULA, FLA.34705	Add
	•		□ Remove
			Change
 			Add
		-	□ Remove
			History Constitution of Consti
			🖸 Change 🗆 Add
			Remove
			Change
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			_□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	, <u></u>
ON 0F C	<u> </u>
VISION OF CORPORATIONS	
GICATIONS 340HADIO	<u>.</u>
E. Effective date, if other than the date of filing: DATE OF FILING (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated SEPTEMBER 26, 2016	
William A Buonomo Signature of a member or authorized representative of a member	
WILLIAM A. BUONOMO Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00