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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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TO: Registration Security Division of Corp	lion orations				
SUBJECT: Hols	Lem Propo	entice LLC			
	Name of Limit	ed Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	MatthewE	Holstein			
	Holsten Pr	Name of Person -operaties LLC Firm/Company	National Residence		
	209 Everas	reen Terrace Address		20	
	Deland.	FL 32724		2013 AUG	
	Mholstein 7	City/State and Zip Code O C a Wai (C O W o be used for Pature annual report notification		-2 PH	
For further information con	ncerning this matter, please ca	all:		₽ 22	S. North
Mattheu Name of	sEHO Ktein	at (<u>386</u> <u>216 - C</u> Area Code & Daytime Te	6748 lephone Number	€ P1	
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 Stat Certified Copy (additional copy)		ed)

MAILING ADDRESS:

O

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

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 28/25/2004 Florida document number <u>L0400063000</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Holstein Woodworking and Carpentry. The new name must be distinguishable and end with the words "Limited Liability Company." "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter Florida street address City

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, <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

<u>Title</u>	<u>Name</u>	Address	Type o	f Action
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ભૂરતવાનg any other intormation	n, enter change(s) here: (Attach additional sheets,	y necessary.)
July 31	, <u>2D/3</u>	
Mable	ure of a member or authorized representative of a memb	
Signat 11	ure of a member or authorized representative of a memb	er
Matthew	Typed or printed name of signee	75 m
	Page 3 of 3	LAN
	Filing Fee: \$25.00	7-2 7-2 7-2
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