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SECRETARY OF STATE

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COVER LETTER

	ision of Cor			
SUBJECT:	Premier Cus	stom Carpentry, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Cyndi Bontrager Name of Person Premier Custom Carpentry, LLC Firm/Company 21317 Bowman Road Address Spring Hill, FL 34610 City/State and Zip Code cyndib@premiercustomcarpentry.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (1) Area Code Daytime Telephone Number		
Please return	all correspo	ndence concerning this matter	to the following:	
		stom Carpentry, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Cyndi Bontrager Name of Person Premier Custom Carpentry, LLC Firm/Company 21317 Bowman Road Address Spring Hill, FL 34610 City/State and Zip Code cyndib@premiercustomcarpentry.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 813 1 26-0712 Area Code Daytime Telephone Number The following amount: 1 \$30.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed)		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Premier Custom Carpentry	, LLC	
			Firm/Company	
		21317 Bowman Road		
			Address	
		Spring Hill, FL 34610		·
		·	City/State and Zip Code	
			•	
		E-mail address: (1	Name of Person httry, LLC Firm/Company Address City/State and Zip Code carpentry.com s: (to be used for future annual report notification) e call: 1 \$13	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Cyndi Bontr	ager	•		
	Name of	Person	Cyndi Bontrager Name of Person Premier Custom Carpentry, LLC Firm/Company 1317 Bowman Road Address Spring Hill, FL 34610 City/State and Zip Code Indib@premiercustomcarpentry.com E-mail address: (to be used for future annual report notification) Thing this matter, please call: at (Area Code Daytime Telephone Number lowing amount: \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
Enclosed is a	check for th	e following amount:		,
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

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

Premier Custom Carpentry, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recor ited Liability Company)	<u>'ds.</u>)
he Articles of Organization for this Limited Liability Comp	pany were filed on 7/18/2006	and assigned
lorida document number L0600071741		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		18 16
		58 A *N
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		150 = 1
		23 Z
. If amending the registered agent and/or registere egistered agent and/or the new registered office address		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
Tien Registered Office Futuress.	Enter Florida street addre	ess
	, F	lorida
	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 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.

If Changing 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Seth Bontrager	8244 Wishbone Rd.	Add
		Brooksville, FL 34602	□ Remove
			Change
			□ Add
			_ □ Remove
			☐ Change
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n effective date is listed, the date must tee: If the date inserted in this block	be specific and o ck does not me	cannot be prior to eet the applicab	date of filing or mor-	e man 90 days after requirements, this	s date will not	be listed as
cument's effective date on the Dep	partment of Sta	ate's records.	, 5	•		
record specifies a delayed	effective da	ate, but not a	an effective tin	ne, at 12:01 a	a.m. on the	earlier o
he 90th day after the reco		-, ···		·,		
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February 8	11	2016			TAE -	-
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Sulla						3 1
prov. r	Signature of a m	ember or authoriz	zed representative of	a member		<u> </u>
			•			•
Todd Bontrager						
		Typed or printed:			- EE	

Page 3 of 3

Filing Fee: \$25.00