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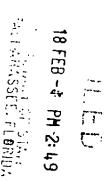
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PICK-UP WAIT	MAIL
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COVER LETTER

Division of Co	orporations		
C 4 5 4 5 4 5 5 6 5 6 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	imily Homes LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	David Lovett		
		Name of Person	
		Firm/Company	
	1918 W. 23rd St.		
		Address	
	Panama City, FL 32405		
		City/State and Zip Code	
	dwlovett@madhatterautoce	nter.com to be used for future annual report notif	instant.
For further information	concerning this matter, please ca		Kativii)
David Lovett		850 769-8061 at () Area Code Daytime	
Name	of Person	Area Code Daytime	· 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 tadditional copy is enclosed)

MAILING ADDRESS: Registration Section

TO:

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

Florida Family Homes LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on May 14, 2007	and assigned
Florida document number <u>L07000050966</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Carriage Werkz LLC		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		nerthe Mame of the
registered agent and/or the new registered office addre	<u>ess here</u> :	49
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Sacreman an Cradin 153	
	, Florid	laZip Code
	C.II.	GIF CHIL

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
			
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an effective date is listed, the date must be specificate: If the date inserted in this block does r	not meet the applicable stat	it filing or more than 90 days: tutory filing requirements,	atter filing.) Pu , this date wil	rsuant to 605. I not be liste
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ated January 29	2018			
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		presentative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00