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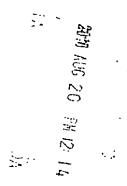
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COVER LETTER

TO:	Registration Se Division of Cor							
CHRIE	BEFORE & AFTER FINISH CARPENTRY, LLC							
SODJE.	Name of Limited Liability Company							
		Amendment and fee(s) are sub						
Please r	eturn all correspo	ndence concerning this matter	to the following:					
		RAYMOND A. BETTEN	COURT					
			Name of Person	 				
			Firm/Company					
		18201 SW 90TH COURT						
	Address							
		PALMETTO BAY, FL 33	3157					
		RAB3@BELLSOUTH.NE						
		E-mail address; (to be used for future annual report notif	ication)				
For furt	her information c	oncerning this matter, please co	all:					
RAYM	OND A. BETTE	NCOURT	305 498-3477					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclose	d is a check for th	ne 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)				
	MAII	INC: ADDRESS:	STRFFT/COURH	FR 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

FILED 2018 AUG 20 PH 12: 23 SLI AHASSEE FLORIO

BEFORE & AFTER FINISH CARPENTRY, LLC

(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 Comp	any were filed on $\frac{02/05/}{}$	2003	and assigned
Florida document number L08000001866			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
BEFORE & AFTER BUILDERS, LLC			
The new name must be distinguishable and contain the words "Limited I	iability Company," the desig	nation "LLC" or the abbr	eviation "L.L.C,"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida .	street address	
		Florida	
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agented	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	duties, and Lam far pter 605, F.S. Or, if	miliar with and this document is
Īf (Changing Registered Agent,	. Signature of New Regi	Stered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member		FILED 2018 AUG 20 PM 12: 23	
<u>Title</u>	<u>Name</u>	Address	ALL AHASSEE. FLORIN	Type of Action □ Add
				□ Remove
				Change
				Add
				Remove
				□ Change
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			<u> parangana</u>	□ Remove
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	(optional)
ective date, if other than the date of filing: _ i effective date is listed, the date must be specific and can te: If the date inserted in this block does not mee tument's effective date on the Department of State	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 at the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective dat The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of
red August 20	2015
Signature of a mon	inber or authorized representative of a member
- Inglitude of a file	
KAYMING A	veet or project name of signee

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