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COVER LETTER

TO: Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of	Corporations			
SUBJECT:	4 Real Wood (Custom Furniture, LI	_C	
	Name of Lim	ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
		Karl B. Fisher		70
		Name of Person		ECC T
	4 Real V	4 Real Wood Custom Furniture, LLC		2011 JUN 27 PM
		1 mm company		
	60	6075 Shore Blvd. S., #308		OF STATI
		Address		STATE LORID
		Gulfport, FL 33707		A
		City/State and Zip Code		
	E-mail address: (an31937@earthlink.net to be used for future annual report	notification)	
For further information	on concerning this matter, please of	call:		
· · · · · · · · · · · · · · · · · · ·		520-2012		
Nan	ne of Person	Area Code & D	aytime Telephone Number	•
Enclosed is a check fo	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration S Division of Co Clifton Buildi	orporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 Real Woo	d Custom Furniture,	LLC	
(A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	5/30/2008	and assigned
Florida document number L0800053861	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		₹ >
Enter new mailing address, if applicable:		ž	JUN 27
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		<u></u>	STATE SE
B. If amending the registered agent and/or regi	istered office address on o	ਹ ur records, enter ² ਜ਼ੇ	he name of the new
registered agent and/or the new registered office ad	dress here:		IV HAME OF THE HOW
Name of New Registered Agent:		· · · · · ·	
New Registered Office Address:	Ent	er Florida street addi	2000
	City	, Florida	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Type of Action Name Address MGRM Becky B. Fisher 6075 Shore Blvd. S., #308 ✓ Add Gulfport, FL 33707 Remove ☐ Add Remove ☐ Add **____e**move ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Karl Bryan Fisher
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00