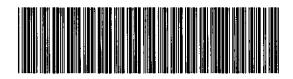
L08000081337

(Re	questor's Name)	
•	,	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corp			
SUBJECT: £ c	Name of Limit	PRODUCTS LL ed Liability Company	<u>c</u>
		• • •	
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:	
	Enc	E. Cacho Name of Person	
	Eanold L	Wood Products LL Firm/Company	<u>-C</u>
	40 Cor14	on Ct. Address	
	Tt. Walton	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notification	on)
For further information co	ncerning this matter, please c	all:	on)
Erie Cach	0	at (850) 225 - 32	-
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	=		
\$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)
MAILE	NG ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)	-
The Articles of Organization for this Limited Liability Company	were filed on Acia.	25 2008 and	assigned
Florida document number <u>L08000081337</u> .	 J		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," 1	the designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
			7) 20
Enter new mailing address, if applicable:	N/A		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			ut 1 ena
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Tice address on our r <u>e</u> :	ecords, enter the nam	e of the new
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Enter Fi	orida street address	_
		, Florida	
N. B. M.	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p	lete performance of my	duties, and I am famil	iar with and

If Changing Registered Agent, Signature of New Registered Agent

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 of Action
MGRM_	Penny L. Minnamon	unknown	Add
	J		Remove
			
			Add
			Remove
			
			Add টুট
		25 T	Remove
		(m) -	
***************************************		200 C C C C C C C C C C C C C C C C C C	Add Add
			Remove
			_
			_ Add
			Remove
			
		******	_
			Remove

D.	If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	• ' _	N/A
	_	
	•	
	_	
Da	ted	
		L. G. lun
		Signature of a member or authorized representative of a member
		Typed or printed name of signee
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00