L08000081337

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2014 MAR -7 PM 12: 23
SECRETARY OF STATE.

MAR 1 0 2013 T. HAMPTON

COVER LETTER

TO: Registration S Division of Co			4
SUBJECT:		PRODUCTS LL ed Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ene	E. Cacho Name of Person	
	Ean S U	Uzo O Products ht	<u>-c</u>
	40 Corl	on Ct. Address	
	74. Walton		3
	E-mail address: (t	o be used for future annual report notification	on)
For further information	concerning this matter, please co	all:	
Ene Cac Name	Lo of Person	at (850) 225 - 32 Area Code & Daytime Te	LO 3 lephone Number
Enclosed is a check for	the following amount:		
52. \$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)

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**

_ E and S wood	1 Products	hhc
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con	npany were filed on Ac	ta 25 2008 and assigned
Florida document number L08000081337		J
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>\$\$</u>	SE SE
		28 3
		1 S88
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		F 60 75 U
		22
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on or ss here:	ur records, enter the name of the new
Name of New Registered Agent:	//A	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Ente	er Florida street address
	Cin	, Florida
Now Designational Amends Standards (Cabonalis - Northwest	City	Zìp Code
New Registered Agent's Signature. If changing Registered A	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 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	Name	Address	Type of Action
MGRM	Penny L. Minnamon	unknown	_
	J		Remove
			Add
			Remove
			_
**************************************		TALLC	Add 素 丁
		SECRETARY BE FLORID	Romeve
			FD 44
 			Add
			Remove
			_
			_ Add
			Remove
			_
			Add
			Remove
			_

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
	·
Dated	
	2. g. lu
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00

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