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(Address)	_
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COVER LETTER

TO: Registration Section
Division of Corporations

Central Florida Frame & Lumber, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Cirillo

Name of Person

Central Florida Frame & Lumber, LLC

Firm/Company

4425 Trapp Lane

Address

Orlando, FL 32814

City/State and Zip Code

brian.CFLFrameLumber@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Cirillo

,³²¹ ,2311068

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 (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

Central Florida Frame & Lumber, Ll		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1000048516	were filed on <u>5/5/2010</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit".L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2611 Technology Dr.	·
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32804	To the state of th
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	P.O. Box 2102	
	Winter Park, FL 32789	
		5.5
		- G5
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	D. Division	11
	Enter Florida street	aaaress
	, Florida	
	City	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 = 1	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
		74	Add		
			Remove		
			Kemeve		
			Add		
			Remove		
		- 1			
			Add		
			, Add		
			Remove		
~	71-01-01		Add Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ed De	cember 13th 2013
cu	0
	Bw al
	Signature of a member of authorized representative of a member
	Brian Cirillo
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00