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(Re	equestor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: WOOD TECH BUILDERS + DESIGN 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:
RANDALL W LEFEVERS Name of Person
WOODTECH BUILDERS + DESIGN Firm/Company
544-101°T AVE, N.
NAPLES, FL, 34108 City/State and Zip Code
RLWOODTECHEGMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RANDALL LEFEVERS at (239) 860-8123 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 Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

The Articles of Organization for this Limited Liab Florida document number <u>L120008</u>	oility Company were 1	iled on <u>7-5-</u>	·12a	nd assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	ompany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Con	pany," the designation "L	LC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			Allas	Jul 2
(Mailing address MAY BE A POST OFFICE Bo	0X)			<u>ज</u>
			ين لييز	3 11
D. If amonding the posistanted agent and/or		44	₩.	V
B. If amending the registered agent and/or registered agent and/or the new registered officered agent.		uuress on our recor	rus, enter the n	ianie of the new
Name of New Registered Agent:	William	R. Thom	nosan	
New Registered Office Address:	544 10/Are	Enter Florida street add	_	;
	Naples		Florida <u>3410</u>	n8
New Registered Agent's Signature, if changing Re	/ Ci	ty.	Zip	Code

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgR	William Thompson	544-101 ST AVE.N. NAPLES,FL	34108
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ffective date, if other than the date of filing: 2-2-2-6 an effective date is listed, the date must be specific and cannot be prior to date of filing or motote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	ore than 90 days after filing.)	Pursuant to 6	
e record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. o	n the ear	lier of
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ated $7 - 19 - 2016$	111		
·	of a member		

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Filing Fee: \$25.00