

L12000126890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

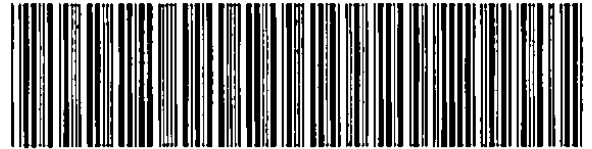
(Business Entity Name)

(Document Number)

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JUN 22 2020

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AUG 06 2020

S. YOUNG

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Carpentry Unlimited 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:

Richard A Grover Jr.

Name of Person

M.I.H., LLC

Firm/Company

6160 State Rd. 70 E Suite 103

Address

Bradenton, FL 34203

City/State and Zip Code

Richg@myframingcontractors.com

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

For further information concerning this matter, please call:

Richard A Grover Jr.

941

483-0521

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CARPENTRY UNLIMITED LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/04/2012 and assigned  
Florida document number L12000126890.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6160 State Rd. 70 E. Suite 103

**(Principal office address MUST BE A STREET ADDRESS)**

Bradenton, FL 34203

Enter new mailing address, if applicable:

6160 State Rd. 70 E. Suite 103

**(Mailing address MAY BE A POST OFFICE BOX)**

Bradenton, FL 34203

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

M.L.H., LLC

New Registered Office Address:

6160 State Rd. 70 E. Suite 103

*Enter Florida street address*

Bradenton

Florida 34203

*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 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.*

*(Signature)*  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard A Grover Jr.	6160 State Rd. 70 E. Suite 103	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashlee Grover	6160 State Rd. 70 E. Suite 103	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Grover, Dawn C	9007 41st ST E	<input type="checkbox"/> Add
		Parrish, FL 34219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 17 2020

 Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**