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Amendico

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COVER LETTER

	Registration Sc Division of Cor				
SUBJEC	Deepwoods	s Interior/Detail LLC			
amare.	··	Name of Lin	nited Liability Company	,	
The enclo	sed Articles of	Amendment and feets) are sub	omuted for filing.		
Please ren	ırıı all correspo	ndence concerning this matter	to the following:		
		Sonya L Laney			
			Name of Person	1	
		Sonya L Laney CPA			
			Firm/Company		
		5131 S Ridgewood Ave S	te F		
			Address		
		Port Orange, FL 32127			
		stancy(a/sonyalney.com	City/State and Zip C		
For further	information co	F-mail address: (oncerning this matter, please c	to be used for future and all;	nual report notific	ration)
Lisa Tatro		,	386	576-3277	
	Name of	Person	Area Code	Daytime T	l'elephone Number
Enclosed i	s a check for th	c following amount:			
■ \$25,00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	\$555.00 Filing F Certified Copy (additional copy)	Y	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS: tion Section		EET/COURIER	R ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 260) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deepwoods INterior/Detail LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L13000032285	vere filed on 03/04/2013 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- P.	
	27:	
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>enter the name of the n</u> :	ev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
N. B. C. Land St. J. M. C. B. Carrell Amora	(ii) Zip (ou	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is	ne

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>	Type of Action
MGR	Joel Tatro	258 Cypress Ave	□ Add
		Oak Hill, FL 32759	₽ Dama
			☐ Change
MGR	Lisa Tatro	258 Cypress Ave	
		Oak Hill, FL 32759	Remove
		• • • • • • • • • • • • • • • • • • • •	☐ Change
			_□ Add
			□ Remove
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fan effecti Note: If t	date, if other than the over date is listed, the date must the date inserted in this blooms effective date on the Department.	be specific and ik does not n	i cannot be prior neet the applic	able statutory	or more than 90 cfilling requirems	_ (optional) lays after filing.) Pents, this date wi	ursuant to 605.0207 If not be listed as t
	d specifies a delayed Oth day after the reco			ot an effecti	ve time, at 1	2:01 a.m. or	the earlier of
Dated	August 07		, 2019	·			
	, ()		A				
	· Kusa Y	L Jail	<u> </u>	<u>_</u>	ative of a membe		

Page 3 of 3

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