# L13000086379

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
		MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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#### TO: **Registration Section** Division of Corporations

Byrd's Custom Carpentry & Flooring LLC SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

I-L- D-H-

	John Byra			
		Name of Person		
	Byrd's Construction & Roo	ofing LLC		
		Firm/Company		
	5121 Hwy 90			
		Address		
	Marianna, FL 32446			
	juyd20£3/@gmuil.com. F-mail address:	City/State and Zip Code by (cl 795)		a:1.com
For further information	concerning this matter. please of		-point normedication	
John Byrd		850 6933 at ( )	-8035	
`i\ame	ග්'lrerson	Area Cobe	'Dayiime''i elepi	ione'Number
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee 23 Certified Conv (additional copy is encl-		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: **Registration Section** Division of Corporations P.O. Box 6521 Tallahassee, FL 32314

Street Ad Idress:

Registration Section Division 1 of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahas see, FL 32303

#### ARTICLES OF AMENLDMENT TO ARTICLES OF ORGANI ZATION OF

## FILED

2022 APR -4 AM 10: 07

Byrd's Custom Carpentry & Floori	ng LLC		SE	ICALLE ELLE STATE
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now Liability Com	rappears on our records.) (pany)	CALL ESTATE ALASTASSEE, FL
The Articles of Organization for this Limited Li Florida document number	ability Company			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	<u>ility compa</u>	any here	
Byrd's Construction & Roofing LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company.	" the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	nla.		····-
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			<u></u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	n/a		
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on	our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	n/a		<u></u>	
New Registered Office Address:	n/a			
		Ene	ter Florida street address	
			, Flori	
		Ciny		7.jg.Cala

#### New Registered Agent's Signature, if changing Registered Agent:

• •

I hereby accept the approintment as registered again and agree to act in this aquacity. 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 heing 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

### MGR= Manager

AMBR = A	Authorized	Member
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<u> Vitle</u>	Name	<u>Address.</u>	Twose of Action.
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D. If amending any other information, enter change(s) here: (Attach ad altional sheets, if necessary.)

(optional)

(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)(b) Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as the document's effective date on the Department of State's records.

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	310010000
	Signature of a member or authorized represent attive of a member
	John Byrd
	John Byrd

Typed or printed name of signiee