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3 JUL 17 AT ID: 38
ECRETARY OF STATE
ALLAHASSEE, FLORIDA

K.SALY EXAMINER JUL 18 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE WOODWRIGHT 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:
JOHN YUKNAVAGE Name of Person
THE WOODWRIGHT LLC Firm/Company
10941 TAUGORD STREET
ORINADO FIORIDA 32825 City/State and Zip Code
City/State and Zip Code Johny & the woodweight. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN VOKNAVAGE at (407) 575-9568 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

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ur record	D SEE, FLORIDA

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

This amendment is submitted to amend the following:

A. II amending name, enter the new name of the	<u>limited liability company</u>	<u>here</u> :	
The new name must be distinguishable and end with the	LLC (REMOVE	ASTERICKE
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	ompany," the design	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, g	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	,		
		Enter Florida stre	eet address
		, Flor	ida
	City		7in 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 = Managing Member

Title Name **Address** Type of Action JOHN 9 YUKWAYAGE 1094 TANGORD STREET Add ORLANDO FLORIDA 32825 Remove MGRM JOHN P VUKMANAGE 10941 TANGOLD STREET Oxlando Florion 32825 Remove Add Remove Add Remove Add Remove Add Remove

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
_N/A	
d July	13 3013
	Signature of a member or authorized representative of a member
	JOHN YUKNAVAGE

Page 3 of 3

Filing Fee: \$25.00