# 1130000098903

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### COVER LETTER

TO: Registration Section
Division of Corporations

<sub>вјест:</sub> Harriman Woodworking, 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:

## Lucas Harriman

Name of Person

# Harriman Woodworking, LLC

Firm/Company

4720 SW 55th Ave

Address

Davie, FL 33314

City/State and Zip Code

Lucas.Harriman@gmail.com

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

For further information concerning this matter, please call:

## Lucas Harriman

ູ,<sub>,</sub>954 \**701-653**0

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harriman Woodworking, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.
The Articles of Organization for this Limited Liability Comp.  Florida document number L13000098903	pany were filed on 7/12/13	and assigned
Florida document number		
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 end with the words "L.L.C."	Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	,
		SE SE
Enter new mailing address, if applicable:	<u>., </u>	7 TO 40000
(Mailing address MAY BE A POST OFFICE BOX)		Si Y
		a a a a a a a a a a a a a a a a a a a
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the new
registered agent and/or the new registered office address	, note.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
	City	, Florida 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 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 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

<u>Title</u>	Name	Address	Type of Action
MGRM	Diane Harriman	4720 SW 55th Ave	
		Davie, FL 33314	Remove
			 П
····			Add
<del></del>			Add
			SEP 17
			Remove
			Add
			Remove
	<del></del>		Add
		<del></del>	Remove

Harriman Woodworking, LLC should now be
filed as a single-member LLC.
0
September 10 2013
offic.
Signature of a member or authorized representative of a member
Lucas Harriman
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

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