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SECRETURY OF STATE
AND ANALYSES OF OPINA

SEP - 4 2013 J. BRYAN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Finish Carpentry 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:

Emilio Perez

Name of Person

Finish Carpentry LLC

Firm/Company

1961 SW 64 th Ave

Address

North Lauderdale, FL 33068

City/State and Zip Code

emiliop1013@gmail.com

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

For further information concerning this matter, please call:

Emilio Perez

_{ar,} 786 ,400-3131

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

FINISH CARPEN				
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	s it now appears on our records.)			
The Articles of Organization for this Limited Liability Company we Florida document number L130000118613		and assigned		
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 "Limited "L.L.C."	Liability Company," the designation	"LLC" or the abbreviatio		
Entern convenient of a Convenient of the Conveni		2013 SEC.		
Enter new principal offices address, if applicable:		AR 8 71		
(Principal office address MUST BE A STREET ADDRESS)				
_		्राप्त ८० । <u>१</u>		
		P. P.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
_		· ·		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida _			
	lity	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PEREZ, EMILIO	1961 SW 64TH AVE	Add
		NORTH LAUDERDALE	Remove
		FL 33068	
			Add
			Remove
		70 TO	Add Remove
		ਚਾ ਮ	_ Add
			Add Remove
			Add Remove

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
	August 29 , 20/3.
	Signature of a member or authorized representative of a member
	Emille & Perez
	Typed or printed name of signee

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Filing Fee: \$25.00

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