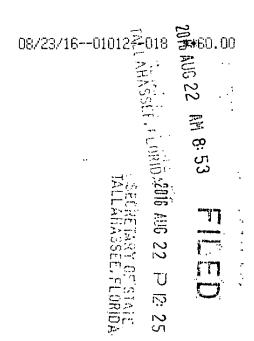
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BESAW CAPPENTRY & Interiors LLC Name of Limited Liability Jompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher E. BesAcu Name of Person
Besaw Carpentay & Interiors Firm/Company
54/7 Ck. MARGARET DR. Apt F
Op Sando FC. 32812 City/State and Zip Code Be Sawci @ gmail. Com E-mail address: (to be used for future annual report notification)
Be SAWCI & GMail. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher E Besaw at (407) 968-5085 Area Code Daytime Telephone Number 3
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

Besaw Carpenta (Name of the Limited Liability Compar (A Florida Limited L	y s it now appears on our records in billity Company)	<u>ن ۱۵۵۲</u>	s LL	C
The Articles of Organization for this Limited Liability Company of Florida document number 4/4/000121213	were filed on August	1,20	14 and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the ab	breviation "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)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter	the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres:	HASSEE	AUG 22	Windows
	, Flo	orida 🛅	⊤Zjp Code.	'
New Registered Agent's Signature, if changing Registered Agent:			25 25	tine"
		*	~ ,	

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 605, 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MAtthew H. Collins	3124 Mc Ewan Ln	
		3124 Mc Ewan Ln Orlando Fl. 32812	Remove
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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filing	more than 90 days after filing.) Pursuant to 605.0207 (
document's effective date on the Department of State's records.	ing requirements, this date with not be noted as a
the record energifies a delayed effective date, but not an effective	time at 13,01 a.m. on the earlier of
the record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12.01 a.m. on the earner of.
18 001/	
Dated August 8, 2016. Signature of a member or authorized representative	
Signature of a member or authorized representative	
Chaistophen & Be	

Page 3 of 3

Filing Fee: \$25.00