## L150000 24677

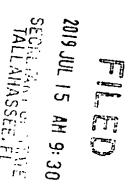
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C Kiuzea

## COVER LETTER

TO: Registration Division of C	ction parations	
SUBJECT:	Name of Limited Libbility Company	
	Amendment and (ee(s) are submitted for filing.	
Please return all corr	ondence concerning this matter to the following:	
	Julian Wood  Name of Person	
	Woody Son Sprinklers	
	300 EASTORKAND PAIK BIND #385 FT LOUDE IDEAN FIA 33334	
	City/State and Zip Code  UCCAY 1229 & Yarco. Com  E-mail address: (to be used for future annual report notification)	
For further informs	concerning this matter, please call:	
	at (951) S66-1332 Area Code Daytime Telephone Number	
	i the following amount    Some of State   Some	
\$ \$25 00 Filing	Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Statu  Certified Copy (additional copy is enclosed)	
	ALING ADDRESS:  gistration Section  rision of Corporations  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32314	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on Feb 10-2015 and assigned Florida document number LISOOCC 24677	<b>-</b> d

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line	$\sim \sim $
	mited Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Samo Fin 3
registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

## 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 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

If amending Authorized Per ion(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			Add
	, <del>_</del>		☐ Remove
			☐ Change
			🖸 Add
			□ Remove
			☐ Change
			<b></b>
			Change
			☐ Remove
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			☐ Change

<u>_</u>	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Planse Add the "and Symbal"
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{	3270221
	Thank you
<del></del>	
· · · · ·	
	(optional)
ective	date, if other than the date of fifting.
A 1 1 7 7	we date is listed, the date must be specific and cannot be prior to date of filing or more many or days after iting the date in this block does not meet the applicable statutory filing requirements, this date will not be list is effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl
The 90	Oth day after the record is filed.
ited	8-1-2019
	Dran (short)
	Signature of a member or authorized representative of a member
	Julian acod
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00