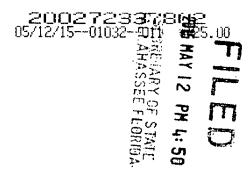
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Mr. S. Teles

COVER LETTER

TO: Registration Se Division of Cor				
	ure Woodwork, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	_		
	Ralph Vos			
		Name of Person		
	Second Nature Woodwork			
	Second Nature Woodwork			
		Firm/Company		
	5008 Saffold road			
		Address		
	Wimauma, Fl 33598			
		City/State and Zip Code		
	secondnatureww@yahoo.co			A.
	E-mail address: (to be used for future annual report	notification)	 :
For further information co	oncerning this matter, please ca	all:		2015 ALL ALL
Ralph Vos		813 6013279 at ()		
Name of	f Person		rtime Telephone Number	IZ P
Enclosed is a check for th	e following amount:			FLORID TO
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ng 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

Second Nature Woodwor⊀ LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000064158	Company were filed on April 13 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		22 28 5
(Principal office address MUST BE A STREET ADL	DRESS)	AR 5 11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:	·····	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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 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 Person(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrew Marenger	3330 River Estates Wimauma, Fl 33598	■ Add
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			Change
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fective date, if other tha	46			4			
an effective date is listed, the date inserted in cument's effective date on	ate must be specific ar this block does not	nd cannot be prior meet the applic	able statutory filin	nore than 90 days aft	tional) er filing.) Pursu nis date will n	ant to 605.0 ot be listed	0207 d as
record specifies a de The 90th day after the	layed effective e record is filed	date, but no	t an effective	time, at 12:01	a.m. on th	e earlie	r of
		2015	• 				
ated May 8		7///					
ated May 8	Signature of a	member or author	orized representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00