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SECRETARY OF STATE
TALLAHASSEF, FI OBIGA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Same 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:
Ralph K WS Jr
Second Native Woodwork LLC Firm/Company
5008 Saffold Rd Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number 3
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 \frac{\frac{1}{2}}{2} \text{ling Fee} \\ \text{Certified Copy} \\ \text{cadditional copy is enclosed} \\ \text{Certified Copy} \\ Certified

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 WOODWORK, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. iability Company))
The Articles of Organization for this Limited Liability Company vi	were filed on 04/13/2015	and assigned
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 Liability	ty Company," the designation "LLC"	or the abbreviation "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 ne
		Ā _C , N
Name of New Registered Agent:		SECR
New Registered Office Address:		THAS
	Enter Florida street address	TO A TO A Shipping
 -	, Flor	
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code ORIDE 5
		55 55

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 = A	nanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	J	3330 River Esta Winauma F13359	18 X Remove
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ective date, if other	than the date of fi	iling:			(optional	•	
effective date is listed, th	he date must be specific	and cannot be pr	ior to date of fil	ng or more than '	90 days after filing	g.) Pursuant	to 605.
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Filing Fee: \$25.00