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| (Re                       | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Ada                      | dress)            |             |
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| (Cit                      | y/State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bu                       | siness Entity Nar | ne)         |
| (Do                       | cument Number)    |             |
| Certified Copies          | _ Certificates    | s of Status |
| Special Instructions to l | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
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Office Use Only



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2015 SEP 28 P 2: 29
SECKETARY OF STATE
AND ASSET FLORIDA

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### **COVER LETTER**

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| TO: Registration Se<br>Division of Cor   | ection<br>porations                          |   |                        |             |  |
|--|--|---|------------------------|-------------|--|
|  | : Carpentry LLC.                             |   |                        | **          |  |
| SUBJECT:   | Name of Lim                                  | ited Liability Company  |                        |             |  |
| The enclosed Articles of   | Amendment and fee(s) are sub-                | mitted for filing.  |                        |             |  |
| Please return all correspo   | ndence concerning this matter                | to the following:   |                        |             |  |
|  | Dustan Hunter                                |   |                        |             |  |
|  | Name of Person                               |   |                        |             |  |
|  | Pro Trim & Carpentry LLC                     | C   |                        |             |  |
| Firm/Company   |  |   |                        |             |  |
|  | 101 Moss Dr.                                 |   |                        |             |  |
|  |  |   |                        |             |  |
|  | DeBary Florida 32713                         |   |                        |             |  |
|  |  | City/State and Zip Code   |                        |             |  |
|  | hunterdustan@gmail.com                       |   |                        | 2015 SEP    |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call: |  |   |                        |             |  |
| Dustan Hunter  |  | 321 279-1352<br>at ()   | ARY C<br>SSEE.         | 28          |  |
| Name of Enclosed is a check for t  | f Person  he following amount:               | Area Code Daytime   | Telephone Number STATE | D 2: 29     |  |
| \$25.00 Filing Fee   | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C            | of Status & |  |

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

| PRO TRIM & CARPENTRY LLC  |  |
|---|--|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lin  | Company as it now appears on our records.) mited Liability Company)  |
| The Articles of Organization for this Limited Liability Complex Liouville Complex Library Lib | apany were filed on 06/22/15 and assigned  |
| his amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited  | l liability company here:  |
| he new name must be distinguishable and contain the words "Limited  | Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   |  |
| Principal office address MUST BE A STREET ADDRES  | <u>(S)</u>   |
|   | ed office address on our records, enter the name of the  |
| egistered agent and/or the new registered office address  | s here:  |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Francisco de la constanta de l |
|   | Enter Florida street address   |
|   | , Florida  |

### 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    |
|--------------|-------------|-------------------------------|-------------------|
| AMBR         | Chana Muse  | 101 Moss Dr. DeBary Fl. 32713 |                   |
|              |             |                               | ■ Remove          |
|              |             |                               | ☐ Change          |
|              | <del></del> | <u></u>                       | □ Add             |
|              | ·           |                               | ☐ Remove          |
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|              |             |                               | □ Add             |
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|              |             |                               | ☐ Change          |
|              |             | M                             | <u>2</u> □ Àdd    |
|              |             | LAHASSEE, FLORIDA             | Add  SEP Dikemove |
|              |             |                               | Change            |
|              |             | 0 RI C                        | 7.                |
|              |             |                               | Remove            |
|              |             |                               | ☐ Change          |
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|              |             |                               | Change            |

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|   |                                       |                   |                      | in c              | ~ W  |                     |             |
|   |                                       |                   |                      |                   | <del>n 1)</del>  |                     |             |
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| ective date, if other than  | the date of filin                     | ıg:               |                      | (0                | ptional)   |                     |             |
| ective date, if other than to a selective date is listed, the date to the date inserted in this | must be specific an                   | d cannot be prior | to date of filing or | more than 90 days | after filing.  | ) Pursuant to 605.6 | 020<br>d a  |
| cument's effective date on the  |                                       |                   | ioic statutory in    | mg requirements   | , tills date   | Will hot be listed  | <b>u</b> u. |
| •   |                                       | •                 |                      |                   |  |                     |             |
| record specifies a dela   | ved effective                         | date, but not     | an effective         | time, at 12:0     | )1 a.m.  | on the earlie       | r c         |
| The 90th day after the i  |                                       |                   |                      | ·                 |  |                     |             |
|   |                                       |                   |                      |                   |  |                     |             |
| ted July 22   |                                       | 2015              |                      |                   |  |                     |             |
|   |                                       | 1                 |                      |                   |  |                     |             |
| ,   |                                       | /                 |                      |                   |  |                     |             |

Page 3 of 3

Typed or printed name of signee