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COVER LETTER

	gistration Sec vision of Corp		•	
CUDIECT.		AD Drafting, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retur	m all correspon	dence concerning this matter	to the following:	
		Brian Strobl		
			Name of Person	
		Millwork CAD Drafting, L	LC	
			Firm/Company	
		Orlando, FL 32806		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
Brain Strob	ol		407 509-7405 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millwork CAD Drafting, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 24, 2015	and assigned
Florida document number L15000109939		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	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)		20 5
		D Contract
		70
B. If amending the registered agent and/or registered of	office address on our records, enter	<****
registered agent and/or the new registered office address her	re:	
Name of New Registered Agent:		Haran National Control
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 **Title** <u>Name</u> <u>Address</u> **Type of Action** 2423 South Orange Ave #162, Orla Ndo, FL 32806 Brian Strobl MGR □ Remove _□ Change MGR Jim Sherlock □ Add **■** Remove ☐ Change □ Add 2015 ☐ Remove "\" ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00