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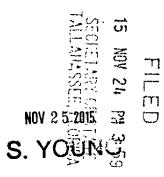
| (Re | equestor's Name) | |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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|-----------|---------------------------------|--|--|------------------------|---|
| SUBJEC | | TOM CARPENTRY, LLC | | | |
| SUBJEC | | Name of Lim | ited Liability Company | | - |
| | | of Amendment and fee(s) are sub | _ | | |
| | | CLAYTON B. STUDSTIL | L | | i . |
| | | | Name of Person | | _ |
| | | THE STUDSTILL LAW F | FIRM, PLLC | | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | | - 50 5 |
| | | 326 REID AVENUE | | | 是 1 |
| | | | Address | | が治 2 厂 |
| | | PORT ST. JOE, FL 32456 | | | |
| | | CCTUDETU I GCMAU C | City/State and Zip Code | | $\mathcal{L}_{\mathcal{L}}}}}}}}}}$ |
| | | CSTUDSTILL@GMAIL.C E-mail address: (| to be used for future annual repo | ort notification) | 5 m 8 |
| For furth | er information | concerning this matter, please ca | all: | | |
| CLAYT | ON B. STUDS | STILL | 850 229-88 at () | 300 | |
| | Name | e of Person | Area Code I | Daytime Telephone Numb | per |
| Enclosed | l 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 | Certifi d) Certifi | Filing Fee, cate of Status & ed Copy nal 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

| A-I CUSTOM CARPENTRY, LLC | | |
|---|---|---|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on o ited Liability Company) | our records.) |
| | pany were filed on 8-26-20 | and assigned |
| Florida document number L15000146219 | | |
| This amendment is submitted to amend the following: | | |
| Plorida document number L15000146219 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailting address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: | | |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | |
| | | 4 |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 1622 N = |
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| registered agent and/or the new registered office address | <u>nere</u> : | · · · · · · · · · · · · · · · · · · |
| | | \$ \tag{\text{\ti}\text{\texi{\text{\texi{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\texi}}\tittt{\text{\text{\texi}\tittitt{\text{\text{\text{\texi}\text{\text{\text{\texitt{\text{\texi}\tiint{\text{\texi}\tittitt{\tex{\texi}}\titttt{\text{\text{\texit{\texi}\tittitt{\texittt{\texi} |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida s | treet 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------------|------------------|
| AMBR | JUSTIN ALAN CATRETT | 6331 GEORGIA AVE. | Add |
| | | PORT ST. JOE, FL 32456 | Remove |
| | | | |
| | | | Add |
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| mending any other information, enter change(s) | nere (mach | auamonar silvers | , ij necessury. | |
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| ective date, if other than the date of filing: | · . | | _ (optional) | |
| effective date is listed, the date must be specific and cannot be see: If the date inserted in this block does not meet the a | | | | |
| ument's effective date on the Department of State's re- | cords. | | | |
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| Signature of a member of | r authorized repres | entative of a membe | r | · · · · · · |
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Page 3 of 3

Filing Fee: \$25.00