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COVER LETTER

Division of Corporations
SUBJECT: A-2 Custon (or pentry, LLC Name 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:
Richard Cooper Name of Person
A-7 Custom Carpentry, CCC
212 Robbie Lane Address
Wewahitchka/f/orida 32465 City/State and Zip Code
Coi concer 3384 Damail. Com E-mail address: (to be used for fluore annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 348-7883 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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-1 Custon Corperty Name of the Limited Liability Company as it now appears	LCC oh our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number	1/24/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	SE TAL
Enter new mailing address, if applicable:	FEB 23
(Mailing address MAY BE A POST OFFICE BOX)	3 T C
	7: 32
B. If amending the registered agent and/or registered office address on exegistered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	a street address
City	, Florida Zip Code
Cuy	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 Name **Address** Type of Action 250 Pine Street DAdd AMBIL Welichitch/Co, Florida 32465 Remove ☐ Change Jason L. Catrett 4331 Georgia Aue AMBR ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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effective date is listed e: If the date insert	, the date must be spec ed in this block doe	ific and ca s not me	annot be prior t et the applica	o date of filing ble statutory	or more than 9 filing require	0 days after fil ments, this d	ing.) Pursuant to ate will not be	605.02 listed
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Filing Fee: \$25.00