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COVER LETTER

Division of Corporations	
SUBJECT: JDB Custom	Woodworking & Cabinetry LLC
i San	ac of fainted Liaothty Company
The enclosed Articles of Amendment and fee(s). Please return all correspondence concerning this	·
Trease return an correspondence concerning th	s maner to the following.
Jose 1	Duvian Benjonea. Name of Person
JAB Cus	ton Wood Working & Casinetly LCC
	bor Pointe Aue.
Minniola	City/State and Zip Code
JDB Wood U	DUKING Q YChod. Com. Iddress: (to be used for litture annual report notification)
For further information concerning this matter,	please call;
JUSC DWIGH Benjum	at (352) 989 - 6221 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee \$\times\$ \$30.00 Filing Fe Certificate of \$	te & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDB Custom Wood (Name of the Limited)	Wolking Liability Compa Florida Limited L	ECG5 net y as it now appears on lability Company)	121 JUH - 1 PH our records.	6: 1, 9
The Articles of Organization for this Limited Lia Florida document number $4.15000/5$	bility Company	were filed on Sep?	+ 2.2015	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
	n-A			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the design	oation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:	<u> </u>	Δ.	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	<u>0X)</u>		nIA:	
B. If amending the registered agent and/or re agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:	Jose,	Dovian B Albor Poin	enjumea	
New Registered Office Address:	428	Albol Pol/ Enter Florida s	rte Ave.	
	Minniola		Florida <u>3</u>	21p Code

sew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	2020 JU; 1 - ! PH 6: 1, 9	Type of Action
AMBR.	Juana m Gaicia	428 Albur Pointo Que.	¥Add
		Minniola Ft 34715	□Remove
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ective date, if other than the date of for effective date is listed, the date must be specific	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>te:</u> If the date inserted in this block does not ment's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed of State's records.
cord specifies a delayed effective date, but s filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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(0	Luculte
	- Charles - Char