

L16 0000 74261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

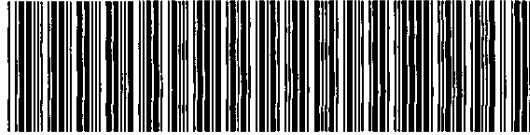
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700287981587

07/18/16--01029--006 \*\*25.00

FILED  
JUL 19 8 P 2:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JUL 19 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MODULAR CRAFTWORKS, 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:

JAMES BEACH DRUMMOND

\_\_\_\_\_  
Name of Person

MODULAR CRAFTWORKS, LLC

\_\_\_\_\_  
Firm/Company

310 ~~300~~ NORTHSTAR COURT ~~200~~

\_\_\_\_\_  
Address

SANFORD, FL 32771

\_\_\_\_\_  
City/State and Zip Code

JIMIBEACH@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES BEACH DRUMMOND

407

3838607

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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**

MODULAR CRAFTWORKS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 14, 2016 and assigned  
Florida document number L16000074261.

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 "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)

310 ~~310~~ NORTHSTAR COURT ~~310~~  
SANFORD, FL 32771

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

"SAME"

New Registered Office Address:

310 ~~310~~ NORTHSTAR COURT ~~310~~

*Enter Florida street address*

SANFORD

Florida 32771

*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

FILED  
APR 18 PM 2:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BUFFALO RD, LLC	635 W. MICHIGAN ST.	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES BEACH DRUMMOND	310 300 NORTHSTAR COURT #310	<input checked="" type="checkbox"/> Add
		SANFORD FL, 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES E. JOSEPH	310 300 NORTHSTAR COURT #310	<input checked="" type="checkbox"/> Add
		SANFORD FL, 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN WAYNE DRUMMOND	310 300 NORTHSTAR COURT #310	<input checked="" type="checkbox"/> Add
		SANFORD FL, 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JAN 19 10 2:04  
CLERK OF STATE  
TREASURY OF FLORIDA


[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated **JUNE 29**

2016

2016



Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

JAMES BEACH DRUMMOND

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
2015 JUL 18 P 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA