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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI	JECT:	ENGLEWO	OD CUSTOMS, LLC	
SUBJ	JEC1:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	endence concerning this matter	to the following:	
			Lori Wellbaum Emery	
			Name of Person	
		,	Wellbaum & Emery, P.A.	
			Firm/Company	
			686 N. Indiana Avenue	
			Address	
			Englewood, FL 34223	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	orther information c	oncerning this matter, please co	all:	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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

	EWOOD CUSTOMS, LLC	
(Name of the Limited Liabli (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on October 7, 2017	and assigned
Florida document number L16000186340	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbrevision "L.L.C"
Enter new principal offices address, if applicable:		58 8
(Principal office address MUST BE A STREET ADD	RESS)	The H
Enter new mailing address, if applicable:		LORDIN
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our records, <u>ente</u> dress here:	r the name of the new
Name of New Registered Agent:		-
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICHARD PAUL DUFFY	6341 Biggs Street	□ Add
		Englewood, FL 34224	■ Remove
AMBR	MARTHA JEAN DUFFY	6341 Biggs Street	Add
		Englewood, FL 34224	■ Remove
			☐ Change
			Adeb Remove
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			□ Remove
			Change
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			Change
			Add
			□ Remove
			☐ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffective	e date, if other than the date of filing: Nov 21, 2017 (optional)
lote: If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocumen	it's effective date on the Department of State's records.
e recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	Oth day after the record is filed.
ated	November 21 2017
	November 21, 2017. Signature of a member or authorized representative of a member
	Signature of a perper or authorited representative of a member
	MADALYN M. DUFFY

Page 3 of 3

Filing Fee: \$25.00