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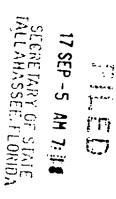
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## **COVER LETTER**

TO: Registration So Division of Co			
	OWORKS LLC		
SUBJECT:		ited Liability Company	<del></del>
	Amendment and fec(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	CUNNINGHAM, BRANI	DON J	•
		Name of Person	
	BC WOODWORKS LLC		
	<del></del>	Firm/Company	
	90 SW 3RD STREET APT	Т 3908	
		Address	
	MIAMI, FL 33130		
	BJWC@HOTMAIL.COM	City/State and Zip Code	<u>_</u> _
	~	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
CUNNINGHAM, BRANDON J		305 509-0583	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

BC WOODWORKS LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L17000085128	ere filed on 04/17/2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	eviation "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)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter th	e name of the new
Name of New Registered Agent:  New Registered Office Address:		SEGRETA TO
New Registered Office Address.	Enter Florida street address	- UT 1
	City Florida	
New Registered Agent's Signature, if changing Registered Agent:	ORID.	STORE OF THE STORE
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fan ovided for in Chapter 605, F.S. Or, if	illiar with and (***) this document is

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>	Name	Address	Type of Action
AP GOLDAR, MARIA I		90 SW 3RD STREET APT 3908	
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						_
ffective date, if other than the date of filing:	nrior to date o	f filing or more th	(optio	nal) iling (Pursus	int to 60	3 <b>5</b> (37))
Note: If the date inserted in this block does not meet the applicament's effective date on the Department of State's reco	plicable sta					
e record specifies a delayed effective date, but The 90th day after the record is filed.	t not an e	ffective time,	, at 12:01 a	.m. on the	e earl	ier o
AUGUST 30TH 2017						

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee