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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Johnson Carpentry LLC Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Byrd Name of Person
_2122 Buckhead Ave
Grand Ridge Fr 32442 City/Standard Zirl Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Byrd at (850) 693 - 8035  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Companda (A Florida Limited Li	v as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1700015561</u> .7	vere filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LEC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		Side Ash		
Enter new mailing address, if applicable:		OF THE COLUMN		
(Muiling address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:	_	nter the name of the new		
New Registered Office Address:				
	Enter Florida street address			
·	Florid.	a Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	City	гір Соае		
Thereby accept the appointment as registered agent and agree	to act in this capacity. I furthe	r agree to comply with the		
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and $I$	am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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
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Filing Fee: \$25.00