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(Rec	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

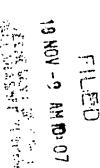




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COVER LETTER

Division of Corporations
SUBJECT: <u>Neticulous Wood Works LLC</u> , 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:
Michael A. Vetter
Meticolos wax works Firm/Company
381 NW Sugarcane PL.
City State and Zip Code
City state and Zip Code Very D. Wichael G. Gunn. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 859-9046 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ \bigcup \$30.00 Filing Fee & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

MAILING ADDRESS:

TO:

Registration Section

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

<u></u>
ppears on our records.)
on _ 7-27-2017 and assigned
ny here:
the designation "LLC" or the abbreviation "L.L.C."
Sign Co
2 T)
- (5
<u> </u>
s on our records, enter the name of the new
r Florida street address
, Florida
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>	<u>Address</u>	Type of Action
CÉO_	Chaistopher Hedden ?	SR. 4927 JOAN Ave.	🗆 Add
		Middleburg FL 32068	Remove
			☐ Change
CEO Though E BORTIE	Thouas E Bartley	11616 107+4 Drive	⊡ ∕∕ ∆dd
		Live Oak FL. 32064	Remove
			Change
		 	Add
			□ Remove
			Change
			Remove
			Change
			🖸 Add
			Remove
			Change
			Add
			☐ Remove
			□ Change

If an e Note	effective date, if other than the date of filing: November 544 2018 (optional) 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he r Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	11-5-2018

Page 3 of 3

Filing Fee: \$25.00