117000220321

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp			,
		rpentry LLC	•	
SUBJI	:C1:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Patricia E. Ellis		
			Name of Person	
		Craig's Carpentry LLC		
			Firm/Company	
		411 Walnut St., #12395		
			Address	
		Green Cove Springs, FL	. 32043	
			City/State and Zip Code	
		ellisart@comcast.net	to be used for future annual report notifi	cation)
For fu	ther information co	oncerning this matter, please ca		
Patric	sia Ĕ. Ellis		609 410-1167	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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

FILED
2017 NOV 2-
2017 NOV 27 PH 1: 20

Craig's Carpentry LLC

(Name of the Limited Liability Company as it now appears on our records. ALLAHASSEF CSTATE

		FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on October 24, 2017	and assigned
Florida document number L17000220321		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	-	er 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 agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. C	n familiar with and or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Craig D. Ellis	411 Walnut St., #12395	Add
		Green Cove Springs, FL 32043	Remove
			Change
			□ Remove
		-	SECRETARY SECRET
			CRETAR REMANDE
			F S I The harme
			□ Add
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			Change

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. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be p t does not meet the app	plicable statutory f	r more than 90 days af	
the record specifies a delayed e The 90th day after the record		not an effectiv	e time, at 12:01	a.m. on the earlier o
November 18	2017			
fith 6	gnature of a member or a			
Sų	gnature of a member or a	utnorized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00