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(Re	questor's Name)	
(Ad	dress)	
(84	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(50	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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O SIMMONS JAN 1 1 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Th.	e Weath ev- Name of Lim	ed Board L ited Liability Company	LC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Danie	Name of Person	
	The We	athured Bogs	duc
	6469	Sand Key Co	u.l.
	Gulf Bi	Serve FL 3 City/State and Zip Code	32563
	Timail address: (at Bull Sorth.	Net-
For further information co	incerning this matter, please ca	all:	
Daniel Name of	Zohv Person	at (<u>450</u>) <u>37) -</u> Area Code Daytime	7995 Telephone Number
Enclosed is a check for the	e 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Weath	eved Board	LLC.
(Name of the Limited L. (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L170002292</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	Woodwork LLC "Limited Liability Company," the design	ation "LLC" or the abbreviation CL L.C."
Enter new principal offices address, if applicable	2:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		F. 05
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
_	792	, 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
			Add
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(If an effe Note:		ate must be specific and this block does not t	d cannot be prior to do meet the applicable	ate of filing or more than statutory filing require		
	ord specifies a de 90th day after th			n effective time, a	t 12:01 a.m. on	the earlier of
Dated .	01/08/	2018	·			
			/1/1./			
		Signature of a	member or authorize	presentative of a men	nber	

Page 3 of 3

Filing Fee: \$25.00