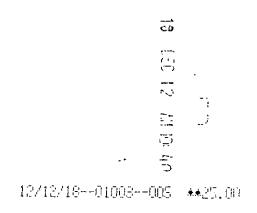
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instructions to timing officer.

Office Use Only



800321778108





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5P Woodshop	1.16.
SUBJECT: 3/ Wood 9/10 fl Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
S Tephan	Name of Person
5P W000	Ashon LLC. Prim/Company
8044	1/8 Th Ave. N/00 7 h Address
STeveror E-mail address	City/State and Zip Code City/State and Zip Code (Lee 5 P A G My) Low (to be used for future annual report notification)
For further information concerning this matter, please	call:
STEPLE N Paider Name of Person	at (727) 463-394/ Area Code Daytime Telephone Number
Enclosed is a check for the 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	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5P Woodshop L	46,
(<u>Name of the Limited Liftbillity Compar</u> (A Florida Limited L	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{3}{28}/2$ and assigned
Florida document number <u>L/80000/9907</u> .	, es
This amendment is submitted to amend the following:	11.2 :
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SP woodshop. LBC.
(<u>Principal office address MUST BE A STREET ADDRESS)</u>	LAIGE, FL. 33779
Enter new mailing address, if applicable:	SP woodshop 21C.
(Mailing address MAY BE A POST OFFICE BOX)	2044-11874 Ave Nov74 Largo, FL. 33779
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u></u>
Name of New Registered Agent: 57e f	Den Parder
New Registered Office Address: 8044	Enter Florida street address
LAY	City , Florida 33779 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>	Address	Type of Action
MGR	Stephen Parles	8044-118 74 Ave N) LANGO, FL. 33779	[2] Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			- Add
			Remove Change
		b.e.	Change
			Add
			Remove
			Remove
			Change
******			🗖 Add
			Remove

	· ·
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) Ig or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be listed
ne record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
Dated 12/12/18	
Signature of a member or authorized represer	ntative of a member