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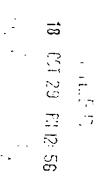
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COVER LETTER

	gistration Se vision of Cor			
eun irzer	Johnson Me	etal & Remodeling, LLC		
SUBJECT	<u></u>	Name of Lim	ited Liability Company	·
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Curtis Johnson		
			Name of Person	
		Johnson Metal & Remodel	ling, LLC	
			Firm/Company	
		5139 Peanut Road		
			Address	
		Graceville, FL 32440		
			City/State and Zip Code	
		curtisjohnson71491@icloud		
			to be used for future annual report notif	ication)
For further i	information co	oncerning this matter, please ca	all:	
Curtis John	son		850 658-4341	_
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnson Metal & Remodeling LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	.)
The Articles of Organization for this Limited Liability Comparing document number L18000024559	any were filed on January 29, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>65</u>
Principal office address MUST BE A STREET ADDRESS		
		(a)
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		72:
		2° 00
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, iere:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jerry Williams	3 Cope Road	□ Add
	***	Chipley, FL 32428	
			■ Remove
			Change
AMBR	Keith Allix Ferrell	1405 Forrest Avenue	■ Add
		Chipley, FL 32428	BAA
			Remove
			Change
			āD Add
			☐ Remove
			•
		□ Change	
			
			Remove
			Change
		-	
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			☐ Change
			Add
			Remove
			□ Change

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E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filin	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(ng requirements, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the re	ed effective date, but not an effective ecord is filed.	time, at 12:01 a.m. on the earlier of:
Dated October 25	2018	_
K. JHI	Sied!	,
		e of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00