118000039986

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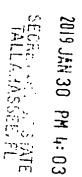
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southern Sons Woodworking LLC 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:
Paul Bonadonna Name of Person
Southern Sons Woodworking, LLL
346 Genter St. Address
Chuluota Fr 327106 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
April Bonadonna at (Bal) 1096 - 8079 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

File	ED
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Southern Sons	Woodwark 129 JAN 30 PM 4:03	}
(Name of the Limited Liability Comps (A Florida Limited	pany as it now appears on our records() I Liability Company)	,
(/ Tivital Silling	APLA ANGER LATE	
The Articles of Organization for this Limited Liability Company	ly were filed on Jan, J. 2019 and assign	gned
Florida document number <u>L18000039986</u> .		0
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	oility 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)		<u>. </u>
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of	office address on our records, enter the name o	of the ne
registered agent and/or the new registered office address her		1 1110 110
Name of New Registered Agent:		
 		
New Registered Office Address:	Enter Florida street address	
	Enter Fibrial Sireet address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>t:</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to compl	y with th

If Changing Registered Agent, Signature of New Registered Agent

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 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	April Bonadonna		
			☐ Remove
			Change
MGR	Paul Bonadonna	846 Cevater St.	
		Chuluota, FZ 32706	■ Remove
		·	Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			Change

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(If an ef <u>Note:</u>	tive date, if other than the date of filing:
	cord 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.
Dated	Jan, 22. 2019.
	Signature of a member or authorized representative of a member
	Paul Bonadonna Typed or printed name of signice

Page 3 of 3

Filing Fee: \$25.00