L18000069790

(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:

Office Use Only



500323900105

02/01/19--01007--028 **25.00

019 FEB -1 PM 4: 35

C. GOLDEN FEB - 8 2019

COVER LETTER

то:	Registration Division of						
01.m.r.	Wood C	"					
SUBJE	Name of Limited Liability Company						
The end	closed Articles	s of Amendment and fee(s) are sul	bmitted for filing.				
Please i	return all corre	espondence concerning this matter	r to the following:				
		Vincent Bekiempis III					
		Wood Craft Solutions, LL	Name of Person	· · · · · · · · · · · · · · · · · · ·			
		5507 D: 1. C.	Firm/Company	 			
		5597 Piccolo Street					
		Nokomis, FL 34275	Address				
		fmbywoodcraftsolutions@	City/State and Zip Code gmail.com	•			
		E-mail address:	(to be used for future annual report notif	cation)			
For fur	ther information	on concerning this matter, please of	call:				
Vincen	t Bekiempis f		941 777-1288				
	Nar	me of Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check f	for the following amount:					
■ \$25	5.00 Filing Fee	e \$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

2019 FEB - 1 PM 4: 35 Wood Craft Solutions, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 19, 2018 and assigned Florida document number L18000069790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5597 Piccolo Street Enter new principal offices address, if applicable: Nokomis, FL 34275 (Principal office address MUST BE A STREET ADDRESS) 5597 Piccolo Street Enter new mailing address, if applicable: Nokomis, FL 34275 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is agfiled to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			Change
			□ Add
			□ Remove
		 	☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
	, 		□ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove

☐ Change

						
						
					 	
				 		
		 			 	
		····				
	 					
	· · · · · · · · · · · · · · · · · · ·					
						
						
					 	
						•
tive da	te, if other than t	he date of filin	1g:		(or	otional) fer filing.) Pursuant to 60
ffective of	late is listed, the date in date in this	must be specific and block does not i	id cannot be prior t	to date of filing or m	ore than 90 days at	ter filing.) Pursuant to 60 his date will not be lis
	ffective date on the				3 1	-
	specifies a delay day after they			t an effective t	ime, at 12:01	La.m. on the ear
	1/19/	Saa	2010)		
d	1 4 1		. <u>2019</u>			
Ja.	wary 29°		1/1/A2	I		
		Signature of a	Unember of aut to	rized representative	of a member	

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00