## 118000128960

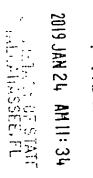
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)           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

Office Use Only



200323210832

0/24/19--01018--021 \*\*25.00



C. GOLDEN JAN 31 2019

## **COVER LETTER**

| Division of Cor             | rporations                                   |   |  |
|-----------------------------|--|---|--|
| LUMBRA<br>SUBJECT:          | CARPENTRY LLC                                |   |  |
| SUBJECT:                    | Name of Lim                                  | ited Liability Company  |  |
|                             |  |   |  |
| The enclosed Articles of    | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspo  | ondence concerning this matter               | to the following:   |  |
|                             | LUMBRA, ERIC J                               |   |  |
|                             |  | Name of Person  |  |
|                             | LUMBRA CARPENTRY                             | LLC   |  |
|                             |  | Firm/Company  | ·  |
|                             | 2359 MOONSTONE AVE                           | Ε   |  |
|                             |  | Address   |  |
|                             | DELTONA, FL 32738                            |   |  |
|                             | - · · · · · · · · · · · · · · · · · · ·      | City/State and Zip Code   | · · · · · · · · · · · · · · · · · · ·  |
|                             | DBREW101@yahoo.com                           |   |  |
|                             | E-mail address: ()                           | to be used for future annual report notif                                 | ication)   |
| For further information c   | oncerning this matter, please ca             | all:  |  |
| LUMBRA, ERIC J              |  | 386 837-6077<br>at ()<br>Area Code Daytime                                |  |
| Name o                      | f Person                                     | Area Code Daytime   | Telephone Number   |
|                             |  |   |  |
| Enclosed is a check for the | he following amount:                         |   |  |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 JAN 24 AM 11: 34

| LUMBRA CARPENTRY LLC   |  |  |
|--|--|--|
| ( <u>Name of the Limited Liability</u><br>(A Florida   | y Company as it now appears on our re<br>Limited Liability Company)  | cords.) FALLAHASSEE, FL  |
| The Articles of Organization for this Limited Liability Co<br>Florida document number  | ompany were filed on 5/10/2018                                       | and assigned   |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limit   | ted liability company here:  |  |
| The new name must be distinguishable and contain the words "Limit  | ted Liability Company," the designation                              | "L.L.C." or the abbreviation "L.L.C."                          |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRI   | ESS)   |  |
|  |  |  |
| Enter new mailing address, if applicable:  |  |  |
| (Muiling address MAY BE A POST OFFICE BOX)   |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address.  |  | ords, <u>enter the name of the n</u>                           |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street ad  | ddress   |
| <u></u>  |  | , Florida  |
|  | •  | Zip Code   |
| New Registered Agent's Signature, if changing Registered   | Agent:   |  |
| I hereby accept the appointment as registered agent a<br>provisions of all statutes relative to the proper and co<br>accept the obligations of my position as registered ago<br>being filed to merely reflect a change in the registered | omplete performance of my duties<br>ent as provided for in Chapter 6 | s, and I am familiar with and 05, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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>            | <u>Address</u>                         | Type of Action |
|--------------|------------------------|--|----------------|
| AMBR         | DAVE MICHAEL PERSINGER | 1080 MAYFLOWER AVE                     | <b>=</b> Add   |
|              |                        | DELTONA , FL 32725-6940                | ☐ Remove       |
|              |                        |  | <b>5</b> .6    |
|              |                        |  |                |
|              |                        |  | ☐ Remove       |
|              |                        |  | □ Change       |
|              |                        |  | Add            |
|              |                        | <del> </del>                           | ☐ Remove       |
|              |                        |  | ☐ Change       |
|              |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | □ Add          |
|              |                        |  | ☐ Remove       |
|              |                        |  | □ Change       |
|              |                        |  |                |
|              |                        | <u> </u>                               | □ Remove       |
|              |                        | <del></del>                            | □ Change       |
|              |                        |  | D Add          |
|              |                        |  | ☐ Remove       |
|              |                        |  | Change         |

| (If an el<br><u>Note:</u> | ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them:'s effective date on the Department of State's records. |
|---------------------------|--|
|                           | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.   |
| Dated                     | 12/26/2018  Died Linbra  Signature of a member or authorized representative of a member  |
|                           |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00