## 11000149124

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

Div	ision of Corp	oorations		
SUBJECT:		Carpenter Contractors LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of 7	Amendment and fee(s) are sub-	mitted for filing.	
		Kevin Cook		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Kevin Cook Carpenter Cor	ntractors LLC	
			Firm/Company	
		1407 Homeport Drive		
	Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  mall correspondence concerning this matter to the following:    Kevin Cook			
		Navarre, FL 32566		
			City/State and Zip Code	
		kevinecook7@gmail.com	Name of Person enter Contractors LLC  Firm/Company  Orive  Address 6  City/State and Zip Code til.com address: (to be used for future annual report notification) please call:	
		E-mail address: (t	to be used for future annual repo	ort notification)
For further is	nformation co	neerning this matter, please ca	ill:	
Kevin Cook				
	Name of	Person	Area Code 1	Daytime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 F	filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Kevin Cook Carpenter Contractors LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000149124}{L18000149124}$ .	y were filed on June 18, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	vility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>18</b>
Entan nou mailing address if applicable.		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		P 2
Mulling duaress MAT BLATOST OFFICE BOAT		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	NS
	, FI	lorida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, a provided for in Chapter 605,	nd I am familiar with and 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>	Address	Type of Action
AMBR	Kevin Cook	1407 Homeport Drive Navarre, FL	<b>=</b> Add
			□ Remove
			Change
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			□ Remove
			☐ Change
			Add
			☐ Remove
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Effective date, if other than the date of filing:		
the record specifies a delayed effective date, but not an effective time, at 12:0 ) The 90th day after the record is filed.	1 a.m. on the earlier	r of:
Dated JULY 9th 2018.		
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00