

L18 000163305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

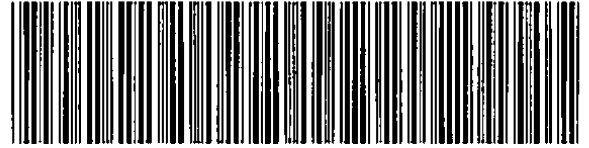
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ECO - 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:

KALEY PERRY
Name of Person

ECO-WOODWORKING LLC
Firm/Company

4765 LYMBROOK DR.
Address

JACKSONVILLE, FL 32207
City/State and Zip Code

KALEYPERRY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KALEY PERRY at (704) 912-6115
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Eco-Woodworking 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 07/05/2018 and assigned Florida document number L18000163305

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4765 LYNDROOK DR.
JACKSONVILLE, FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4765 LYNDROOK DR.
JACKSONVILLE, FL 32207

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:

4765 LYNDROOK DR.
Enter Florida street address
JACKSONVILLE, Florida 32207
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>	<u>Type of Action</u>
President	CHASE Rhodes	4765 LYNDHURK Dr.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL, 32207	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
vice President	KATIE PERRY	4765 LYNDHURK Dr.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL, 32207	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Chase and I (Kaley Perry) would like to change
ownership percentages. Currently we
have them me (Kaley Perry) owning 90%
and Chase owning 10%. I would like
to change that to Chase Rhodes
owning 99% of Eco-Woodworking LLC
and Kaley Perry owning 1%.

IN SHORT

CHASE OWNES 99%

Kaley OWNES 1%

OF

Eco-Woodworking LLC

-Thank you

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Monday, August 12, 2019.

Kaley Perry
Signature of a member or authorized representative of a member

Kaley Perry
Typed or printed name of signee