L18000/63305

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COVER LETTER

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TO: Registration So Division of Cor			,	
SUBJECT: ECO	- Woodwor	-rina	·	
SUBJECT: 12CZ	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
			•	
	Chase	Rnodes		
		Name of Person		
	Eco-Wa	manner ing.	· •	
		Firm/Company		•
	1949	Canallewinod	c.+ ·	
		Address	<u> </u>	
•	Middlehu	r9.FL 3206	· ·	
•	<u>THECHEDON</u>	City/State and Zip Code	Δ	
	Kale	Experry examoo.	<u>com</u>	
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please co	all:		(1)
_ Chase	Rnocles	_at (704) 807	-5944	()
Name o	f Person	Area Code Daytimo	e Telephone Number	•
			3	-
Enclosed is a check for the	ne following amount:		2	•
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Stays &	7
	Comment of Cultur	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
			(Labinatal copy in olion 12)	
			c	
Mailing Addres		Street Address:	.·	
Registration S Division of C		Registration Sec Division of Corp		
P.O. Box 632		The Centre of T		
Tallahassee, l			e Street, Suite 810	
		Tallahassee, FL	32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	WOODWOYKING LLC ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L \ 8000 \ C	iability Company were filed on 7 - 05 - 2018 and assigned 3305.
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or to agent and/or the new registered office address.	registered office address on our records, enter the name of the new registered
Name of New Registered Agent:	Chase Rhodes 0
New Registered Office Address:	1949 Canaleway Ct. Enter Florida street address
	Middleburg Florida 32068 Zip Gode
New Registered Agent's Signature, if changing	
provisions of all statutes relative to the prop accept the obligations of my position as regi	ed agent and agree to act in this capacity. I further agreed comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability 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>	Address	Type of Action
<u>VP</u>	Kaley Perry	1949 Candlewood ct.	
		Middleburg, FL 3206	2 <u>\$</u> _ ⊠ Remove
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If amending any other information, enter change(s) here: (Attach additi		
Please remove Kalley Pe	ern from the	
LLC all together She is	no longer	
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Effective date, if other than the date of filing: LOL (If an effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	nore than 90 days after filing.) Busuant to 605 ng requirements, this date will not be liste	.0207 (3 ed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ord is filed.	on the earlier of: (b) The 90th day after	r the
-1/1/-1		
Dated		
Chara Polados		
Signature of a member or authorized representative	e of a member	
(has Khades		
Typed or printed name of signee		

Filing Fee: \$25.00