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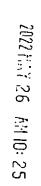
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of 8/2/2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	er Craftsman, 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:	
	Allen K. Holder		
		Name of Person	
	Allen Holder Craftsman, L	I.C	
	·	Firm/Company	
	240 Orange Lane		
		Address	
	Hawthorne, FL 32640		
		City/State and Zip Code	
	akholder99@gmail.com	to be used for future annual report no	**************************************
For further information c	n-mail address: (concerning this matter, please c	•	инсанон)
Allen K Holder		352 672-3762	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration (Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 26 AM 10: 25

Allen Holder Craftsman LLC		
(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab		and assigned
Florida document number 1.18000171870	·	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	
Holder Framing LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address		iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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

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r	(untional)	
<u>ote:</u> If	ate, if other than the date of filing:	
ecord : is filed	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted _	May 23 . 2022. Alle K Heles Signature of a member or authorized representative of a member	
	alle & Hele	
	$\sim \sim $	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00