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COVER LETTER

TO:	Registration Se Division of Cor			
eun u		G FRAMING, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ROSA ESTELA MORAL	ES	
			Name of Person	
		AXIOM ACCOUNTING	PA	
			Firm/Company	
		4951 TAMIAMI ŤRAIL N	NORTH SUITE 103	
			Address	
		NAPLES, FL 34103		
			City/State and Zip Code	
		estelamorales07@comcast.		
		E-mail address: (to be used for future annual report r	otification)
For fur	ther information co	oncerning this matter, please co	all:	
ROSA	ESTELA MORA	LES	239 3023788 at ()	
	Name o	f Person		time Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 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

JUNK DOG FRAMING, LLC				· · · · · · · · · · · · · · · · · · ·
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number L18000184241	bility Company	were filed on	8	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the new name must be distinguishable and contain the wo	f-0+	PLDVISPS	LLC	breviation "L.L.C."
		N/A	,,,,	
Enter new principal offices address, if applica		N/A	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			<u>.</u> .	<u> </u>
				N 10 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA		רו פי
·			an S	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered (fice address he	office address on our re:	records, emer	the name of the n
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
New Registered Office Address.		Enter Florida stre	eet address	
			, 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address .	Type of Action
			Add
			□ Remove
			Change
		· .	☐ Remove
			Change
			Add Remove
			Change Change Add
			☐ Remove
			□ Change
			Add
		<u>.</u>	Remove
			Change
			□ Add
			☐ Remove
			Change

tne re) The Dated	e 90th day after the record is fil	ed.		, time, at	12.01 a.m. u	. Tile	carrier 0
Note: docum	tive date, if other than the date of fi Tective date is listed, the date must be specific If the date inserted in this block does ment's effective date on the Department	not meet the application of State's records.	ble statutory fil	ing requirer	nents, this date w	rill not	be listed as
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Typed or printed name of signee

Filing Fee: \$25.00