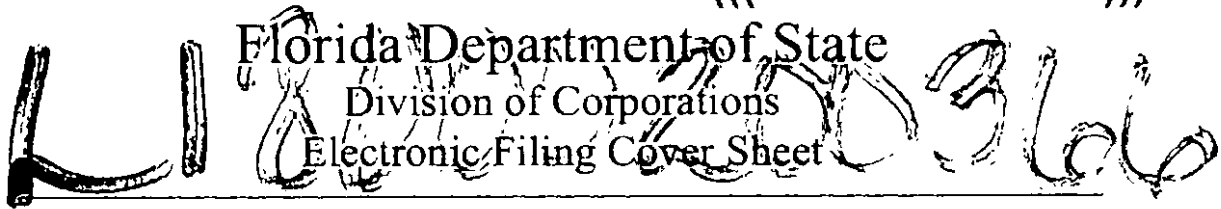


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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H190001410903ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES  
Account Number : I20120000042  
Phone : (941)706-2336  
Fax Number : (866)473-0571

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

DBOBCRANEMAIL.COM

Email Address:

**LLC AMND/RESTATE/CORRECT OR M/MG  
RESIGN**

**DC CUSTOM CARPENTRY, LLC**

Certificate of Status	0
Certified Copy	0

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AND  
FILED

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Page Count	06
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U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA  
SAN FRANCISCO, CALIFORNIA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DC CUSTOM CARPENTRY, 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:

ROBIN O'CONNOR

Name of Person

LICENSE EXAM SERVICES, LLC

Firm/Company

4713 WEBBER ST

Address

SARASOTA, FL 34232

City/State and Zip Code

dbobcrane@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN O'CONNOR

941

706-2336

Name of Person

at ( )

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

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)* (((H19000141090 3)))

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F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific.)

**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.

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

Dated

**APRIL 3**

2019

Signature of a member or authorized representative of a member

DANIEL R. CRANE

Typed or printed name of signee