

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.

(((H19000141090 3)))



H190001410903ABCZ

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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.\*\* DROBORANEGMAIL COM

		DBOBOK/IIIEOW/IIE.OOW
Email	Address:_	

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

### DC CUSTOM CARPENTRY, LLC

Certificate of Status	0
Certified Copy	0

04/29/2019 08:42 AM PDT TO:18506176383 FROM:9166741357

Page Count (((H19000141090 3)))
Estimated Charge \$25.00

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Corporate Filing Menu

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Page:

2019 APR 29 AM 9: 5

APPROVED AND FILED

# (((H19000141090 3)))

#### **COVER LETTER**

TO:	Registration Division of C	Section orporations				
SUBJE	:CT:	DC CUSTO	M CARPENTRY, L	LC		
		Name of L	imited Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are st	abmitted for filing.			
			ROBIN O'CONNO	DR .		
			Name of Person			
		LICEN	ISE EXAM SERVI	CES, LLC		
			Firm/Company		2(	
	LICENSE EXAM SERVICES, LLC  Firm/Company  4713 WEBBER ST  Address  SARASOTA, FL 34232  City/State and Zip Code  dbobcrane@gmail.com  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ROBIN O'CONNOR  941  706-2336		2019 APR 29	_		
			Address		200	-T1
	SARASOTA, FL 34232				1	
			City/State and Zip Code			
		db	obcrane@gmail.c	om	9	
<b>5</b> 6 1				report notification)	55	
For furth	er information c	oncerning this matter, please of	ail:			
		_		706-2336		
	Мате о	f Person		Daytime Telephone Number	<del></del>	
Enclosed	is a check for th	ie following amount:				
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy		ng Fee, of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## (((H19000141090 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

DC CUSTOM CA	RPENTRY, LL	.c	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company			and assigned
Florida document number <u>L18000200366</u>			3
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable	lity company her	<u>e</u> :	2019
CRANE CUSTOM CON	STRUCTION.	LLC	TS 4
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	ignation "LLC" or the a	bbreviation "L.C."
Enter new principal offices address, if applicable:			· 公司 9 后苦
(Principal office address MUST BE A STREET ADDRESS)			
,			9
			<u>O</u>
Enter new mailing address, if applicable:			- 01
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
			<u> </u>
B. If amending the registered agent and/or registered officestered agent and/or the new registered office address here:	ice address on o	ur records, <u>enter</u>	the name of the new
Treatered office address nere:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		Florida	
	City	r torida	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

04/29/2019

08:42 AM PDT

MGR = Manager

TO:18506176383 FROM:9166741357

Page:

\_\_\_\_\_ Change

If amending Authorized Person(s) authorized to manage, enter the title, hame, and address of each person being added

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effec	tive date, if other than the date of filing:  (options  (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requires.	il)	
<u>Note</u> docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date the defective date on the Department of State's records.	ig.) Pursuant to 605.0 te will not be listed	1207 (3)(b) I as the
(fthere (b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	, on the earlier	of:
	APRIL 3 2019		
Dated			
Date			

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Typed or printed name of signee

Filing Fee: \$25.00