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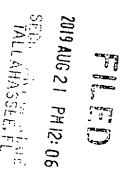
(Reques	tor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
CUDI		ad Wood Design LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are subr		
Please	return all correspon	ndence concerning this matter t	to the following:	
		Clay Pavlick		
			Name of Person	
			Firm/Company	
		307 Hibriten Way		
		Lakeland, FL 33803	Address	
		wrwwoodesign@gmail.com		·
		E-mail address: (t	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Clay P			239 560-4636 at ()	: Telephone Number
	Name of	Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	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

Winding Road Wood Design LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records ited Liability Company)	,)
The Articles of Organization for this Limited Liability Comproved and Comproved Comproved Articles of Organization for this Limited Liability Comproved Comp	pany were filed on 10/29/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		21.5
		C.F. C.F.
3. If amending the registered agent and/or registere	d office address on our records,	enter the name of the ne
egistered agent and/or the new registered office address	<u>here</u> :	21
		Con D Great
Name of New Registered Agent:		
New Registered Office Address:		0.0
New Registered Office Address.	Enter Florida street address	
	Flo	rida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alan Arnold	144 Berton Dr	
MUK			Add
		Lake Placid, FL 33852	
			Remove
			Change
		4	Add
			-
			☐ Remove
			П.С
			Change
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		8/14/2019				
ective date, if other than n effective date is listed, the date te: If the date inserted in thi cument's effective date on the	must be specific and s block does not m	cannot be prior to e eet the applicabl		nore than 90 days at		
record specifies a dela The 90th day after the		ate, but not a	in effective	time, at 12:0	l a.m. on the ea	arlier o
August 14	·	2019				
/7	~///	2-7				
	Signatura of o m	nember or authoriz	ed representativ	of a member		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00