## 48000 283 214

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:
3333

Office Use Only



000331916510

07/22/19--01018--010 \*\*25.00

:JUL 2 7 2019

OR

## **COVER LETTER**

Registration Section Division of Corporations

TO:

WAILY C	ARPENTRY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ASHLEY TREVINO		
		Name of Person	
	WAILY CARPENTRY LL	LC	
	<del></del>	Firm/Company	
	623 LAUREL STREET		
		Address	
	PANAMA CITY BEACH.	.FL 32407	
	-	City/State and Zip Code	
	RTWARRANTYROOF@C	GMAIL.COM	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
ASHLEY TREVINO		at ()	
Name of Person		Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fcc	☐ \$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)
Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 assec, FL 32314	STREET/COURL Registration Section Division of Corporn Clifton Building 2661 Executive Country Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAILY CARPENTRY LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 12/10/2018  Florida document number L18000283214	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 Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, en registered agent and/or the new registered office address here:	iter the name of the
Name of New Registered Agent:	7.5
New Registered Office Address:	<u> </u>
Enter Florida street address	. <del>.</del>
, Florida	IZin Code
('ih)	zin coae

## 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 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 at or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS T. RIVERA DIAZ	623 LAUREL STREET PANAMA CITY BEACH, FL	
			□ Remove
			Change
			Add
			🗆 Remove
		<u> andre a </u>	☐ Change
			Петюче
			Change
<u> </u>			
			Remove
			Change
			□ Remove
			Change
			Remove
			Change

-		
_		
-		
		_
-		
_		
-		
_		
-		<u></u>
-		<del></del>
-		
-		
_		_
-		<del>_</del>
-		
-		
•		
	07/06/2019	
E. Effect	ve date, if other than the date of filing: (optional)	くいえ いついづ ノウン
(If an ci)	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	listed as the
docun	ent's effective date on the Department of State's records.	
If the rea	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of:
(b) The	90th day after the record is filed.	
Dated	JULY 6TH 2019	
Dated	<del></del>	
	abolistrolins	
	Signature of a member or authorized representative of a member	-
	ASHLEY TREVINO	_
	Typed or printed name of signee	

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

Page 3 of 3

Filing Fee: \$25.00