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TO:

Registration Section

Division of Corporations Santa's Southern Workshop SUBJECT: 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: Keith Bolin Name of Person Santa's Southern Workshop Firm/Company 7381 High Ridge Rd Address Boynton Beach, FL 33426 City/State and Zip Code ktbolin@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Keith Bolin Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Street Address: Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Santa's Southern Workshop		
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	<u>pears on our records.</u>) ly)
The Articles of Organization for this Limited L Florida document number <u>L18000291849</u>	iability Company were filed on	12/20/2018 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, <u>enter the new name c</u>	of the limited liability company	/ here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	he designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	19 (SE)
Principal office address MUST BE A STRE	ET ADDRESS)	DEC 26
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	9: 3 9: 3 9
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	Keith Bolin	
New Registered Office Address:	7381 High Ridge Rd	
	Enter	Florida street address
	Boynton Beach	, Florida ³³⁴²⁶
	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>	Address	Type of Action
MGR	Stacy L Bolin	7381 High Ridge Rd Boynton Beach, FL 33426	Add
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Tective date, if other than the date of filing:		(optional)		
in effective date is listed, the date must be specific and cannot be prior to date c ote: If the date inserted in this block does not meet the applicable sta	of filing or more that	90 days after filing.)	Pursuant to 6	05.0207 sted as
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e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time,	at 12:01 a.m. o	n the ear	lier of
The 90th day after the record is med.				
November 12 2019				
nted November 12 2019	1			
November 12 2019 Signature of a member or authorized re	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00