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R. WHITE FEB 11 2020 1820 C. 115 PH 1:50

## **COVER LETTER**

TO: Registration So Division of Con			
D4EST/C.	ARPENTER / BUILDER LLC		
3000CT		ted Liability Company	• <del></del> -
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	PAUL LOREN DEFORES	Т	
		Name of Person	
		Firm/Company	
ţ	42 FIDDLEHEAD LANE		
		Address	
	HANCOCK, ME 04640		
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report not	fication)
For further information c	oncerning this matter, please cal	11:	
PAUL LOREN DEFRE	ST		9325
Name o	f Person	at (603) 491 - Area Code Daytim	e Telephone Number
Enclosed is a check for ti	ne following amount:		
\$25,00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 - 15 PH 1:50

Zip Code

D4EST /CARPENTER / BUILDER LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Piorida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12/27/2018 and assigned
Florida document number 1.19000001284
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 abbreviation "LLC"
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, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

## 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.

Cin

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
AMBR	PAUL DEFOREST	42 FIDDLEHEAD LANE	
		HANCOCK, ME 04640	□Remove
			☐ Change
		<del></del>	□Remove
		-	☐Change
			□Add <sup>:</sup>
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	we date, if other than the date of filing: (optional) ctive 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 ont's effective date on the Department of State's records.	e listed as
record d is til	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day ed.	after the
Dated	2020	
		1
	Signature of a member of authorized representative of a member	<b>!</b>

Filing Fee: \$25.00

Typed or printed name of signee