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Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Damaso Finish Name of Limited	Carpentry LLC			
Name of Limited	i Liabinty Company			
The enclosed Articles of Amendment and fee(s) are submi	tted for filing.			
Please return all correspondence concerning this matter to	the following:			
_				
Derek	Name of Person			
	<u></u> -			
	Firm/Company			
5213 Layt	Address Address			
<u>Venice</u>	FL 34293 City/State and Zip Code			
:	be used for future annual report notification)			
For further information concerning this matter, please call	:			
Derek Damaso a1(781) 540-1737				
Name of Person	Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:	Street Address: Registration Section			
Registration Section Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee FL 32314	7412 IA MIGHIOC BRECK BUILD OF			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "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, 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 , Florida City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
SECTAL TALL	
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SO A	
Effective date, if other than the date of filing:	07 (as t
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.	1e
Dated July 15th 2022.	
Dated July 15th . 2022. Signature of a member or authorized representative of a member	
Derek: Damaso Typed or printed name of signee	