## L19000014016

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## **COVER LETTER**

Division of Corporations
SUBJECT: Golden Carpentry Solutions, LLC 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:
Jenna L Akins Name of Person
Golden Carpentry Solutions, LLC Firm/Company
328 Gardenia Aw.
O-bary + 32707 City/State and Zip Code
golden carpentry solutions Q amail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 414 - 6478  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our Liability Company)	records.)	<del></del>
The Articles of Organization for this Limited Lial Florida document number \(\begin{align*} \lorenthing \rightarrow \rightarro	1016.	were filed on	-2019	_ and assigned
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	n "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applical	ole:	Pavid L	Golder	
(Principal office address MUST BE A STREET	ADDRESS)	Genera 7	1 32732	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>		Golden 15cela 1 327.	Rd
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter LAHAS	e name of the new
Name of New Registered Agent:				2
New Registered Office Address:	1300 W	Enter Florida street	address S	M
	Genev	City City	, Florida <u>多多</u>	Z T 3 Z Zip Code
N. N. L. L. A.O		Cay		гір Соае

## 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	Jenna L Akins	328 Gardenia Aue,	
		Debary +1 32707	Remove
			☐ Change
			Remove
		·	Change
			Add
		<del></del>	□ Remove
		<del></del>	□ Change
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f an eife <u>Note:</u>	we date, if other than the date of filing: $11-5-20$ ) 9 (optional) etive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Movember 5. 2019.  Manual Ahma Signature of a member or authorized representative of a member
	lenna Albina
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

