# 1190000 20572

(Req	uestor's Name	)
(Add	ress)	
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(City)	/State/Zip/Phor	ne #)
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BECRETARY OF STATE

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# **COVER LETTER**

TO:	Registration Se				7
	Division of Cor	porations			38% 5
		n Woodworks			安徽 至
SUBJE	CT:	Name of Lim	ited Liability Company		DOIS JAN 31
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Please r	eturn all correspo	ndence concerning this matter	to the following:		₹.
		Brandon Johns			
			Name of Person		-
		S4S Custom Woodworks			
			Firm/Company		-
		2602 Montecito Ave			
		•	Address		-
		Eustis, FL, 32726			
		bjcustomwoodworking@gn	City/State and Zip Code nail.com		•
		E-mail address: (	to be used for future annual re	eport notification)	
For furt	her information co	oncerning this matter, please ca	alt:		
Brando	n Johns		409 739°	7815	
	Name of	f Person	Area Code	Daytime Telephone Number	<del></del>
Enclose	d is a check for th	e following amount:			
	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certifica Osed) Certified	ite of Status &

MAILING ADDRESS:

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

S4S Custom Woodworks

(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 L Florida document number L19000020572	Liability Comp	any were filed on 01/18	/2019	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited	liability company here	:	
BJ Custom Woodworking LLC				
The new name must be distinguishable and contain the	words "Limited L	liability Company," the desi	gnation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applie	cable:	n/a		
(Principal office address MUST BE A STREI		<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered		ur records, <u>enter the</u>	name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a	Enter Florida	street address	
			, Florida	
		City	7	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>	Name	Address	Type of Action
	n/a		🗖 Add
		<del></del>	Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change
<del></del>			Add
			Remove
			Change
			Add
			☐ Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  1/a
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(If an ef <u>Note:</u>	(optional) dective date, if other than the date of filing:
b) The	cord 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	January 28th, 2019.  Brandon Sharlow of a member of authorized representative of a member
	Brandon Ch
	Signature of a member or authorized representative of a member
	Brandon Johns

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Typed or printed name of signee

Filing Fee: \$25.00