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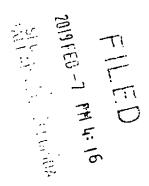
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I ALBRITTON

COVER LETTER

TO: Registration S Division of Co		•	
WOODBE SUBJECT:	ENDERS OF NWFL LLC		
Subject.	Name of Lin	nited Liability Company	 -
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAMES P LEE		
		Name of Person	
		Firm/Company	
	919 MARINA DR		
		Address	
	PANAMA CITY IFI, 3240	04	
		City/State and Zip Code	
	FRIENDLYCORPORATE	•	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
JAMES P LEE		850 234-8433	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 Filing Fee	□ \$30.00 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)
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOODBENDERS OF NWFL LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000024087	were filed on 01/23/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.L.C."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Emer 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.

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	JAMES PARRISH LEE	919 MARINA DRIVE PC,FL 324	Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			Remove
			Change
			□ Remove
			□ Change

BEING LISTED AS LAST N	EEDS CORRECTED	THANK YOU		
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ective date if other than the c	late of filings		(ont	ional)
ective date, if other than the officerive date is listed, the date must	be specific and cannot be j	prior to date of tiling c	r more than 90 days afte	r filing.) Pursuant to 605.0
te: If the date inserted in this blo rument's effective date on the De			ling requirements, th	is date will not be listed
record specifies a delayed	effective date, but	not an effectiv	e time, at 12:01	a.m. on the earlier
he 90th day after the reco	rd is filed.		·	
03/05/2016	2010			
02/05/201 9	2019			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00