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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection ; porations	· · · · · · · · · · · · · · · · · · ·			
erm m		JILT CUSTOM WOODWORI	K LLC			
SUBJF	.C1:	Name of Lim	ited Liability Company	<del></del>		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		LUANN THOMAS				
		Name of Person LUANN THOMAS INC				
		Firm/Company				
		2170 KEARNEY AVE	Address			
		NAPLES, FL 34117				
		City/State and Zip Code LUANN@THOMASPA.COM				
For fur	ther information e	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)		
LUAN	N THOMAS		239 348-9966 at ( )			
_	Name o	f Person		ne Telephone Number		
Enclose	ed is a check for th	te following amount:				
<b>■</b> \$25	5.00 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)		

MAILING ADDRESS:

TO:

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

LUCAS BUILT CUSTOM WOODWORK LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000058620}{1.19000058620}$ .  This amendment is submitted to amend the following:	- <b>5</b>	
-		
A. If amending name, enter the new name of the limited liab	oility company here:	
LUCAS BUILT CUSTOM WOODWORKING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2471 KING ARTHURS CT	
(Principal office address MUST BE A STREET ADDRESS)	FT MYERS, FL 33912	
Enter new mailing address, if applicable:	2471 KING ARTHURS CT	
(Mailing address MAY BE A POST OFFICE BOX)	FT MYERS, FL 33912	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, enter the name of the r	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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 ac or removed from our records: MGR = Manager · AMBR = Authorized Member <u>Title</u> Name Address Type of Action ☐ Remove ☐ Change \_ 🗆 Add Remove 17 ₽\_Change Remove \_□ Change ☐ Remove \_□ Change □ Add ☐ Remove \_ Change ☐ Remove ☐ Change

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	MAY 1, 2019
(If an eff Note:	ive date, if other than the date of filing:
f the red 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	MAY 1 / 2019 ·
	Signature of a member or authorized representative of a member
	JEFFREY L DICKERSON
	Typed or printed name of signee

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