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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

SUBJECT:		S FRAMING LLC		
SOBJECT.		Name of Limi	ited Liability Company	
	•			
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		MICHEAL CHANCE CU	NNINGHAM	
			Name of Person	
		CHANCE'S FRAMING L	l.C	
			Firm/Company	
		6231 HWY 2311		
			Address	· · · · · · · · · · · · · · · · · · ·
		PANAMA CITY FL 3240	4	
		VEHIND VOLEGE CARD	City/State and Zip Code INGTEAN@GMAIL.COM	
			to be used for future annual report notif	leation)
For further i	niformation c	oncerning this matter, please ea		
MICHEAL	CHANCE C	UNNINGHAM	850 5962326	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
≅ \$25,00 I	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallabasea, Bit 22201 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chances Ly	qming LLC
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L19000061639	Company were filed on 03/04/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Fator and all officers of down if and in the	
Enter new principal offices address, if applicable:	7 7
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	iress nere:
N	
Name of New Registered Agent:	
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 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	DAKOTA SETH WALSH	6407 LETOHATCHEE ST PANAMA CITY FL 32404	= Add
		 	□ Remove
			Change
			🖸 Remove
	:		□ Change
			
			□ Remove
			□ Change
		☐ Remove	
			□ Change
			Add
,			□ Remove
			Change
			D Add
			☐ Remove
			Change

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	, <u>, , , , , , , , , , , , , , , , , , </u>
(If an el <u>Note:</u>	live 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	Charle Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00