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WILLAHASSEE, FLORIDA SECRETARY OF STATE

. 19 20 2019 ECXXV**E**DER

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		LS FINE CARPENTRY LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		STEPHANIE BALL		
			Name of Person	
		ANDERSON BUSIENSS	SERVICES	
			Firm/Company	
		332 W. BEARSS AVE	, ,	
			Address	· · · · · · · · · · · · · · · · · · ·
		TAMPA, FL 33613		
		STEPHANIE@ABSACCO	City/State and Zip Code UNTING.COM	
		E-mail address: (to be used for future annual report r	notification)
For further i	nformation c	oncerning this matter, please co	all:	
STEPHANI	E BALL		813 910-0100 at ()	
	Name o	f Person		time Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 H	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)
	MAIL	ING ADDRESS:	STREET/COL	IRIER ADDRESS:

TO:

Registration Section

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

CAMPBELLS FINE CARPENTRY LLC (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 Liability Company were filed on $\frac{05/06/2019}{1}$ and assigned Florida document number L19000122132 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ö Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent; New Registered Office Address: Enter 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

, Florida

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>	<u>Address</u>	Type of Action
MGR	DEBORAH CAMPBELL	9309 N.HIGHLAND AVE TAMPA, FL 33612	■ Add
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fective date, if other than the date of filing:			
record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on	the ea	rlier of:
ted May 30th, 2019. Range Capelle. Signature of a member or authorized representative of a member			_

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Filing Fee: \$25.00