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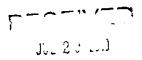
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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2019. SJ FILL 1848

Amend

AUS 0 2 2019 I ALBRITTON

# **COVER LETTER**

3 Division of Corp	porations		
SUBJECT:	OODYFRAME		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JUSTIN	Name of Person	IR
	W000	SYFRAMES L Firm/Company	ic
	1200 N	FEDERAL H	ocs ste yw
	Boce R	City/State and Zip Code  Woody frame to be used for future annual report notifi	3432
	admin	City/State and Zip Code	
	E-mail address: ()	woody trame	5. Com
For further information co	oncerning this matter, please ca	all:	
Tus TI Name of	Person	2at ( <u>S&amp; 1</u> ) <u>28 7</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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** 

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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L190017910</u> 4	on $7-11-2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny 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)	
<del></del>	<u> </u>
	· .
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
<u></u>	
	ි ව
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	JUSTINS. GODYR	1200 N. FEDERAL HWY	Add
		Suite 200 BoxaRaton FC 33432	□ Remove
		BoxaRaton FC 33432	Change
			□ Add
			🗆 Remove
			□ Change
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<u>Note:</u>	ive date, if other than the date of filing:
	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	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00