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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:CR	Finish Car Name of Limi	pentry, LLC. ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Casil	niro Rael Jr	
		Name of Person	
	CR Fir	NISH CARPENTY Firm/Company	, LLC.
	4603	2 County Rd 67	18 Lot 650
	Bushnel	City/State and Zip Code	
_	E-mail address: (t	be used for future annual report notific	ration)
For further information conce			
Casimiro Name of Per	Ruel Jr	at (<u>520</u>) <u>771 - 2</u> Area Code Daytime	2339 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
区 \$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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

LR Fi	nish Car	pentry	1421EL	
Name of the Limite	ed Liability Compai (A Florida Limited I.	ny as it now appe	ears on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L_190001863</u>	ability Company		SECRETARY OF STALLAHASSEE, FL	and assigned GRIDA
This amendment is submitted to amend the following	owing:	?		į
A. If amending name, enter the new name of	the limited liabi	lity company	<u>here</u> :	,
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the	e designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered of			on our records, <u>ent</u>	er the name of the n
Name of New Registered Agent:				
New Registered Office Address:		Enter F	lorida street address	
			, Florida	
		City	i ioi ma	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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	James Slack	994 North Gordola Dr.	™ Add
		994 North Gordola Dr. Venice, FL, 34293	Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
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(If an eff	ive date, if other than the date of filing:
the red) 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	2019.
	Signature of a member or authorized representative of a member
	Casimiro Ruel, Tr Typed or printed name of signee

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Filing Fee: \$25.00