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P.O. Box 6327

Tallahassee, FL 32314

	Registration Section Division of Corpor			, ,
SUBJEC	TE BILLY S	Pe (50 Mal) Towel	L Carpentry 3 Parented Liability Company	<u> </u>
The enclo	sed Articles of Am	nendment and fee(s) are sub	mitted for filing.	19 00 18
Please ret	urn all corresponde	ence concerning this matter	to the following:	18
		Billy D.	Perry Name of Person	
			Firm/Company	
		4085 1	west Bugle Vein	way
			110012	O
		Young act	32317 City/State and Zip Code 13+ 16@ Mail. ion to be used for future annual report notific	ration)
For furthe		eerning this matter, please ea		
	0	-	at (KSO) UOS Area Code Daytime	- つ口のロ Telephone Number
Enclosed	is a check for the l	following amount:		
≝ \$25.0	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)
Ì	Mailing Address: Registration Sec		Street Address: Registration Sect Division of Corp	
	Division of Cor	porations	Division of Corp	OLUCIONS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 $\frac{5cP}{P}$, $\frac{9+1}{2019}$ and assing Florida document number L19 000 21944 3 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 , Florida City

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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			□Remove
			□Change
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		Signat	unterfil a m	ember or a	ithorized re	presentative	or a member			

Filing Fee: \$25.00