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COVER LETTER

Division of Corporations ADRIAN CARPENTRY LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ADRIAN J. FUNDORA RODRIGUEZ Name of Person ADRIAN CARPENTRY LLC Firm/Company 6716 DOGWOOD DR Address MIRAMAR, FL 33023 City/State and Zip Code ADRIANCARPENTRY19@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIAN J. FUNDORA RODRIGUEZ Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADRIAN CARPENTRY LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	iled on SEPTEMBER 30, 2019 and assigned
Florida document numberL19000245315.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany." the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	2
Enter new mailing address, if applicable:	2019 OCT
Mailing address MAY BE A POST OFFICE BOX)	007
	21,
3. If amending the registered agent and/or registered office ac	ldress on our records, enter the name of the no
egistered agent and/or the new registered office address here:	10
221 5 1	_
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	, Florida
Civ	v Zio 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	ADRIAN J. FUNDORA RODRIGUEZ	6716 DOGWOOD DR MIRAMAR, FL 33023	
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ctive date, if other than the deflective date is listed, the date must	ate of filing: \(\sime\) \(\frac{1}{2}\) to specific and cannot be prior	to date of filing or more the	(optional)	suant to 605.0
e: If the date inserted in this bloc iment's effective date on the Dep	ck does not meet the applic	able statutory filing rec	uirements, this date will	not be listed
ament's effective date on the Dep	artificite of State's records.			
ecord specifies a delayed	effective date, but no	t an effective time	e. at 12:01 a.m. on t	the earlier
ne 90th day after the reco	rd is filed.		, 30 12/31 3//// 3//	one carrier
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ed OCTOBER 18		<u> </u>		

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Typed or printed name of signee

Filing Fee: \$25.00