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COVER LETTER

	egistration Se Division of Cor					
SUBJECT		OM TRIM & FRAMING LLC				
SUBJECT		Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ase return all correspondence concerning this matter to the following: TRAVIS LANDRY					
		TRAVIS LANDRY				
			Name of Person			
			Firm/Company			
	2304 ST JOHNS BLUFF RD S					
			Address			
		JACKSONVILLE, FL 322	46			
			City/State and Zip Code			
		LANDRY.TRAVIS@YMA E-mail address: (IL.COM to be used for future annual report not	ification)		
For further	r information c	oncerning this matter, please c	all:			
TRAVIS	LANDRY		904 446-0737			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed i	s a check for th	ne following amount:				
■ \$25.00	9 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	<u>1ailing Addres</u> Legistration S		Street Address:	nation		
	Division of C		Registration Se Division of Co			
	O. Box 632	-	The Centre of			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR 30 PM 12: 02

CTF CUSTOM TRIM & FRAMING 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 $\frac{10/08/2019}{1}$ ___ and assigned Florida document number L19000253621 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sugar Magnolia Construction, LLC 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) 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

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>	Name	Address	Type of Action
officer	Sawyer Chubin		□Add
			CiRemove
			□Change
officer	mitchell Mcormack		🗆 Add
			Remove
			□ Change
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Filing Fee: \$25.00