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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ARB Carpentry L	LC
Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Adrian B.	ernal Garcia Name of Person
ARB Car	pentry LC Firm/Company
2105 Anda	lusia Blvd Address
Cape Coral	FC 33909 City/State and Zip Code
<u>adrian. au</u> E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please call	:
Adrian Bernal Garcia Name of Person	at (239) 201-000 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$35.00 Filing Fee Scertificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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**

_ HRIB Carpentry C	UC	
(<u>Name of the Limited Islability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	-
The Articles of Organization for this Limited Liability Cor	npany were filed on $1/22/2020$ and a	assigned
Florida document number <u>L20000027933</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE.	S.S)	
	2020	
	2020 NOV	וער
Enter new mailing address, if applicable:		=
(Mailing address MAY BE A POST OFFICE BOX)		<u>m</u>
		<u> </u>
D. W P	£ 57	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the n</u>	ew registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
m <u>er</u>	Adrian Bernal Garcia	2105 Andalusia Blvd	\vec{1}{\sqrt{1}}Add
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Tective date, if oth	er than the date of fi	iling:		(optional)	
m effective date is fiste	d, the date must be specific ted in this block does n	c and cannot be prior to	date of filing or more than	90 days after filing	Pursuant to 605,020
ocument's effective d	late on the Department	of State's records.	re outcome in ing requir	ements, this date	will not be fisted a
wourd energities a del	mind of Yearless to a class	, pe			
is filed.	ayod effective date, but	not an effective time	2, at 12:01 a.m. on the e	arlier of: (b) The	z 90th day after the
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ated <u>Octob</u>	er 50 la	_ 2020			
			ed representative of a mer		