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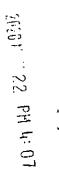
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#### **COVER LETTER**

**Registration Section** 

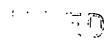
**Division of Corporations** 

TO:

SUBJECT: P&W Spec.	LLC, a Florida limited liabilit	•		
•	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Thomas M. Shuler			
	-	Name of Person		
	The Law Office of Thoma.	s M. Shuler, PA		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	34 4th Street			
	•	Address		
	Apalachicola, Florida 3232	20		
		City/State and Zip Code	<del></del> .	
	mshuler@shulerlawfl.com			
	E-mail address: (	to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
Thomas M. Shuler		850 653-1757 at ()		
Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S	Section	<u>Street Address:</u> Registration So Division of Co		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



P&W Spec, LLC

2020 F 22 PM 4: 07

## (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 $\frac{2/6/2020}{}$ and assigned Florida document number L20000043620 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." n/a Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a 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>	<u>Name</u>	Address	Type of Action
AMBR	Zach Ward	PO Box 1006	<b>=</b> Add
		Eastpoint, Florida 32328	□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			DAdd
			Remove
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			Remove
			□Change

	n/a
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ect	ive date, if other than the date of filing:
n eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is fi	
ted	May 20 . 2020.
	May 20 . 2020 .  Signature of a member or authorized representative of a member
	Showas M. Shiler
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Thomas M. Shuler