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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registratio Division of | on Section Corporations | | | |
|--------------------------------|--|---|--|--|
| | CARPENTRY LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| | | | | |
| The enclosed Article | es of Amendment and fec(s) are sul | bmitted for filing. | | |
| Please return all corr | respondence concerning this matter | r to the following: | | |
| | BRENDAN BUTLAND | | | |
| | | Name of Person | | |
| | BHB CARPENTRY LLC | • | | |
| | | Firm/Company | | |
| | P.O. BOX 232 | | | |
| | | Address | | |
| | LA CROSSE, FL 32658 | | | |
| | - | City/State and Zip Code | - | |
| | ROOSER0530198@GMA | | | |
| | | (to be used for future annual report notif | fication) | |
| For further informat | ion concerning this matter, please | call: | | |
| BRENDAN BUTLAND | | 386 984-5138 at () | | |
| No | ame of Person | | e Telephone Number | |
| Enclosed is a check | for the following amount: | | | |
| ■ \$25,00 Filing Fo | ee 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) | |
| <u>Mailing Ao</u> Registrat | ddress: ion Section | <u>Street Address:</u> Registration Sec | ction | |
| Division of Corporations | | Division of Cor | Division of Corporations | |
| P.O. Box | : 6327 see, F1, 32314 | The Centre of T | allahassee e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BHB CARPENTRY 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 05/15/2020 and assigned Florida document number 85-2870667 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

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 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 | BRENDAN BUTLAND | 5603 NW 202 PL | |
| | | LA CROSSE, FL 32658 | □Remove |
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