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(Requestor's Name)	_
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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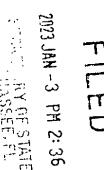
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COVER LETTER

TO: Registration S Division of Co			
Northern I	lights Exteriors, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Connor Bakken		
		Name of Person	
	Northern Lights Exteriors,	LLC	
		Firm/Company	
	1614 Maureen Ave		
		Address	
	Ocoee FL 34761		
		City/State and Zip Code	
	connor.bakken@gmail.com	to be used for future annual report no	difference)
For further information	concerning this matter, please c		uncation
Connor Bakken		920 650-7062	
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fec	☐ \$30,00 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 Addre</u> Registration		Street Address: Registration S	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTHERN LIGHTS EXTERIORS, LLC	
(Name of the Limited Liability Cor (A Florida Limit	ited Liability Company)
•	oany were filed on SEPTEMBER 14, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
ROCKWOOD CARPENTRY, LLC	
The new name must be distinguishable and contain the words "Limited I.	Liability Company," the designation "LLC" or the appreviation "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)	2:36 F.F.
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Age	<u>vgent:</u>
	d agree to act in this capacity. I further agree to comply with th

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 audeu or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
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						(ontional)	
Note	rtive date, if other the ffective date is listed, the d If the date inserted in ment's effective date or	this block does no	ot meet the app	meane statue	ng or more than 90 y filing requiren	days after filing.) Purents, this date will	suant to 605.0207 not be listed as
e reco	ord specifies a delayed offiled.	effective date, but	not an effectiv	re time, at 12:0	a.m. on the ear	ier of: (b) The 90	oth day after the
15	DECEMBER 29		2022				
Date	O		- j	 `			

Typed or printed name of signee

Connor Bakken