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2020 NOV 19 PH 12: 57

2/22/20

COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: Al Do It All Carpentry LLC - Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TV Erdman Name of Person	
Owner Al Do It All Carpentry LLC Firm/Company	
7551 NE 132nd terrace Address	
Bronson FL 32621 City/State and Zip Code at distance pentry bang 1. Com E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
TY Endman at (352) 949 - 0672 Name of Person at (352) Paytime Telephone Number	
inclosed is a check for the following amount:	
□ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	atus &

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 TØ ARTICLES OF ORGANIZATION OF

A1 DO IT All	Socpentry LLC	
(Name of the Limited Lin (A Flo	ability Company as it/now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili	Y	12/2020 and assigned
This amendment is submitted to amend the following	g:	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		F1[07 19
(Mailing address MAY BE A POST OFFICE BOX	2	: <u>p</u> [ŋ
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	
	Enier Florida si	
_	City	, Florida Zip Code
	•	•

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
116R	TY Erdman	755'INE 132nd terroce	ZAdd
		755'INE 132nd Herroce Bronson FL 32621	□Remove
			□ Change
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ective date, if other than the effective date is listed, the date mus	date of filing:	be prior to date of filing	or more than 90 days aff	tional) ter filing) Pursuant to 604	5 020
e: If the date inserted in this blo	ock does not meet the	applicable statutory			
ument's effective date on the De	partment of State's r	ecoras.			
cord specifies a delayed effective	e date, but not an effe	ctive time, at 12:01 a	ı.m. on the earlier of	(b) The 90th day after	r the
s filed.				(-,	
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Filing Fee: \$25.00