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## **COVER LETTER**

Division of Corporations
SUBJECT: New Testament Finish Corporary LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Roberts Name of Person
New Testament Finish Carpentry LLC Firm/Company
BESSE 16824 Mahan Dr Address
Tallahassee FL 32309  City/State and Zip Code  + j croberts 4 gospel@gmail.com  E-mail address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
Thomas Roberts at (850) 556-4954  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

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 2 - 18 - 2021 and assigned Florida document number <u>L 2000 0 35 3 5 G C</u> 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 "L.L.C." 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

Title	<u>Name</u>	Address	Type of Action
<u>ÅMBR</u>	Scott Laryston	514 Wallace St	🗆 Add
		Tallahassee FL 32301	[VRemove
			□Change
<u>Ambir</u>	Hunter Green	8621 Train Rd	[✓Add
		Tallahassee, FL 32311	□Remove
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ed	February 18 . 2021.	
	TA	
	Signature of a member or authorized representative of a member	
	Thomas Roberts Typed or printed name of signee	