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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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(A)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kuman Framing 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:
Edwin R. Flores Bustillo Name of Person
Kuman Carpentry Services LLC =
Bradenton, FL 34208 City/State and Zip Code
Bradenton, FL 34208
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edwin Flores at (214) 669-4899 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
SS \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	dy as it now appears on our records	<u>s.</u>)
(A Fronta Daniela F	menny Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>03/16/2</u>	o21 and assigned
Florida document number <u>£21000 24832</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Kuman Carpentry Sev The new name must be distinguishable and contain the words "Limited Liabil	rvices LCC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		202
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		my x
	***	: 2 2
		(1)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter (</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	City	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>	<u>Address</u>	Type of Action
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			□Change
			□Add
			□Remove
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active date if of	her than the date o	f filing:		(option	na1\		
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