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COVER LETTER

TO:

ΓΟ: Registration S Division of Co		•
	IMM CARPENTRY LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	STEWART MAHER	
	·	Name of Person
	STU'S TRIMM CARPEN	TRY LLC
		Firm/Company
	215 ILLINOIS AVENUE	
		Address
	SAINT CLOUD, FLORID	A 34769
	STEWARTMAHER8379@	City/State and Zip Code
	_	to be used for future annual report notification)
For further information	concerning this matter, please c	all:
STEWART MAHER		407 984-8 9 65 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status & Certified Copy ☐ Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: 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

STU'S TRIMM CARPENTRY LLC

2021 NOV 29 AM 7: 52

New Registered Agent's Signature, if changing Registered Agent:	Cuj	Sp Cum			
	Cuj	-5-p = 5			
	City	, Florida Zip Code			
New Registered Office Address:	Enter Florida s	street address			
Nam Pagintaged Office Address					
Name of New Registered Agent:	1				
agent and/or the new registered office address here:					
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our reco	ds, enter the name of the new registere			
	<u></u>	 -			
(Mailing address MAY BE A POST OFFICE BOX)					
Enter new mailing address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new principal offices address, if applicable:	-				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	nation "LLC" or the abbreviation "L.L.C."			
A. If amending name, enter the new name of the limited liabil	lity company here:				
This amendment is submitted to amend the following:					
Florida document number L21000128998					
The Articles of Organization for this Limited Liability Company v	were filed on 03/18/2	and assigned			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	los our	FALLAHASSEE, FL			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ishibity Company)	-our records.) - She i Aic Constant			

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
AMBR	KIMBERLY REEVES	215 ILLINOIS AVENUE	_, ⊟ ∧dd
		SAINT CLOUD, FL 34769	□Remove
			□Change
			□Add
			□Remove
			☐ Change
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d is filed.		yed effective da						The 90th day	after the
)ated	11-22	- 21 Hewart Sign ewart	, , , , , , , , , , , , , , , , , , , 		·) 			
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		Sign	nature of a mer	mber or author	Z ized represent	ative of a mem	ber		_