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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Profflit's Fine Woodworking LLC Name of Limited Liability Company					
SUBJECT.						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Sara Proffitt				
			Name of Person			
		Proffitts Fine Woodworkir	ng .			
			Firm/Company			
		6 Llobell Place				
		Address				
		Palm Coast FI 32164				
		City/State and Zip Code				
		kody_proffitt@yahoo.com	to be used for future annual report notif	ivation)		
For further in	nformation c	oncerning this matter, please c		(Cutton)		
Kody Proffit	ι		386 2644540			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	Filing Fee	□ \$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)		
	iling Addres		Street Address: Registration Sec	tion		

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

TO:

Registration Section

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

Proffitt's Fine Woodworking (Name 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 March 26, 2021 and assigned Florida document number L21000142947 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Proffitt's Fine Woodworking and Home Renovation LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) 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 City

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
MGR	Kody Proffitt	6 Llobell Place Palm C oast FL. 32164.	□Add
			■Remove
			□Change
MGR	Sara Proffitt	6 Llobell Place Palm C oast FL, 32164.	= Add
			□Remove
			□Change
AMBR	Kody Proffitt	6 Llobell Place Palm C oast FL, 32164.	
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
	.		□Add
			Remove
			□Change
			□Add
		·	Remove
			□Changa

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated May 24,2021 10:07 May 34,2021 10:07 Signature of specifier or appearance of a member Sara Profifit	_	
Effective date, if other than the date of filing:	_	
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Signature of a plember or approvized representative of a member		
	Dated _	1ay 24,2021 10:07
Sara Proflitt		Signature of a plember or applicative of a member
CMIN LIVIUM		Sara Proffit

Filing Fee: \$25.00