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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT: Wood	Acraft Carpentry LLC Name of Limited Liability Company	
	nendment and fee(s) are submitted for filing. lence concerning this matter to the following:	
	Ryan Pectol Name of Person	
	Woodcraft Carpentry LLC Firm/Company	
	3837 Albright Lane	
	Orlando, FL 32828  City/State and Zip Code	
- For further information cone	E-mail address: (to be used for future annual report notification) cerning this matter, please call:	
Ryan Pectol Name of Pe	-	
Name of Pe	erson Area Code Daytime Telephone Number	
Enclosed is a check for the fo	following amount:	
₩ \$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) Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	

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

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

FILED

Woodcraft Carpentry LLC

2021 OCT 12 AM 8: 57

(Name of the Limited Liabili	ty Company as it now appears on our re- a Limited Liability Company)	cords)
(A Flonda	a Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on April 19, 202	and assigned
lorida document number <u>L 21800¥181579</u>	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new regis
gent andror the new registered orner address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
	City	, Florida

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RYAN M PECTOL	3837 Albright Lane	<b>⊠</b> ∧dd
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f an effective date <del>Vote:</del> If the date		secific and cannot be oes not meet the a	prior to date of filing opplicable statutory f		ing.) Pursuant to 605.0207 (2 ate will not be listed as th
record specifies I is filed.	a delayed effective date	e, but not an effect	ive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
oated Octo	ober 6, Ryn M. 1 Signa	. 20	<u>zl</u> .		

Typed or printed name of signee