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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corporations |
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| SUBJECT: Ohridian Wood Works 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: |
| Eric D Adams Name of Person Ohridian Wood Works LLC Firm Company |
| 1474 Gulfstream Blvd. |
| Port Charlotte FL 33981 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: Enact Charlet FL 33981 Enact Code Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Street Address: Pagietystica 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

| (Name of the Limited Li (A F | iability Company as it now appears on our record | <u>s.</u>) |
|---|---|---|
| The Articles of Organization for this Limited Liabili | ity Company were filed on <u>April 22</u> 88.276 | and assigned |
| This amendment is submitted to amend the followin | ng: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A) | : | " or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | | |
| B. If amending the registered agent and/or regist | | the name of the new registered |
| agent and/or the new registered office address he | | DZI AUG |
| Name of New Registered Agent: | | 67 |
| New Registered Office Address: | Enter Florida street addres | 200 - 1 |
| _ | Fi | orida 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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| Note: If | e date, if other to tive date is listed, the the date inserted it's effective date | in this block does | not uz | eet the app | licable stat | f filing or na autory filing | OO O I ore than 90 da orequireme | _ (option : ays after fil nts, this d | al) ing.) Pursu ate will n | ant to 60 ot be lis | :5.020 ited as |
| e record s rd is filed | specifies a delayed | l effective date, b | ut not a | m effective | time, at 1 | 2:01 a.m. c | n the earlie | er of: (b) | The 90th | day afte | er the |
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Filing Fee: \$25.00