121000190163

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



600392325116

08/15/22--01016--029 **55.00



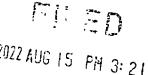
COVER LETTER

Division of Corporations
SUBJECT: RT Woodworks 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:
Eugene J. Butler TII
RT Woodworks LLC
10120 Dogwood AVE
Palm Beach Gardens, FL 33410.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eugene Butler at (501) 301-8382 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the 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) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

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



_			111 3.51
RT Wodworks, L	LC.	7001	11 OF STATE
(Name of the Limited Liability (A Florida I	Company as it now a Limited Liability Compa	ppears on our records.) 4 (4); anv)	7:25克, 台
		1.	•
The Articles of Organization for this Limited Liability Co	impany were filed of	n 4 23 202	and assigned
Florida document number <u>L21000190163</u>	_ •	, '	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability compar	ny here:	
Pocket Frames of Pa	ilm Ber	10/01/0	
The new name must be distinguishable and contain the words "Limit	ed Liability Company,"	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
			
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 o	ur records, enter the nam	ne of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
	Enter	r Florida street address	
		, Florida	
	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>	Name	Address	Type of Action
			□Add
			□Remove
		 	☐ Change
		.	□Add
		-	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□ Change
			□Add
			□Remove
			□ Change
			□Add
		·	□ Remove
			□ Change

···	
•	
iote: If th	date, if other than the date of filing:
record spe Lis filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	August 2 2022
	Signature of a member or authorized representative of a member