

W21000337171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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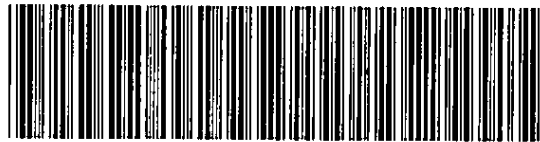
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Carpentry and Renovations 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:

James M. Holland, Louise Holland
Name of Person
Custom Carpentry and Renovations LLC
Firm/Company
1920 Firemens LN
Address
Deltona, FL 32738
City/State and Zip Code
Michaelholland@cfl.rr.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Louise Holland 407 687-6911
Name of Person at () 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 & Certified Copy (additional copy is enclosed)
\$60.00 Filing Fee, Certificate of Status & 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**

Custom Carpentry and Renovations LLC

(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 7/26/2021 and assigned Florida document number L21000337171.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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: Louise Holland

New Registered Office Address: _____
Enter 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.

Louise Holland

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>	<u>Type of Action</u>
AMBR	James M. Holland	1920 Fioremens LN	<input type="checkbox"/> Add
		Deltona, FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Louise Holland	1920 Firemens LN	<input checked="" type="checkbox"/> Add
		Deltona, FL 32738	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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.

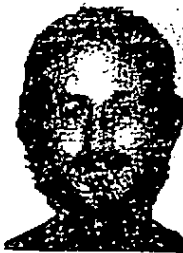
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 22, 2020

James M. Holland
Signature of a member or authorized representative of a member

James M. Holland
Typed or printed name of signee

Florida DRIVER LICENSE



DL# H453-453-85-224-0 CLASS E

1 HOLLAND
2 JAMES MICHAEL
3 1048 WAKEFIELD CIR
4 DELTONA, FL 32725-0000
5 DOB 06/24/1985 SEX M
6 EXP 06/24/2030 HGT 5'-08"
7 RES NONE 8 END A

DL DS 01/13/2022
DOC #8320113071



James Michael Holland

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Florida DRIVER LICENSE



DL# H453-522-55-634-0 CLASS E

1 HOLLAND
2 LOUISE BARNETT
3 11920 FIREMENS LN
4 DELTONA, FL 32738
5 DOB 04/14/1955 SEX F
6 EXP 04/14/2030 HGT 5'-00"
7 RES NONE 8 END NONE

SAFE DRIVER
DL DS 04/05/2022
DOC #427204050108



Louise Barnett

Operation of a motor vehicle constitutes consent to any sobriety test required by law.